PUBLIC HEALTH

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EDITORIAL

Preventive Dental Services

On October 10th last the Department of Health for Scotland sent to all Local Health and Education Authorities within the area of its jurisdiction a copy of a Report entitled "Preventive Dental Services."* The Report was prepared by a Sub-Committee of the Standing Dental Advisory Committee of the Scottish Health Services Council. The composition of the Sub-Committee was broad-based. All seven members were dental practitioners. Of these one was an orthodontic consultant, another a professor at a dental teaching hospital, a third a dentist, 1921, and a fourth a Local Authority Dental Officer. Three of the members hold medical, in addition to their dental, qualifiations. It would seem, therefore, to assume that the opinions expressed in the Report are fully representative of informed dental thought in Scotland.

The Sub-Committee was appointed in March, 1949, "to consider the development of preventive dental services, with special reference to orthodontic services." The Report, after noting that existing preventive dental services are in the hands of local authorities, describes their development and the legislation on which they are based. It states: "As matters stand at present, many of the children of to-day will, on reaching the adult stage, be beyond practical rehabilitation. The importance of providing that all children are secure against so tragic a dental future is, in our opinion, manifest." As some excuse for the lack of development of the service in some areas prior to 1939, it is stated ". . . that there was not at that time (nor, indeed, until 1946) a firm statutory duty on education authorities to arrange for treatment of all children found on inspection to require it." We think the Sub-Committee are slightly in error here as the Scottish Education Act, 1946, although differing to some extent from the earlier English Act, nevertheless, in regard to medical inspection and treatment, closely follows the wording of its clauses. This, nevertheless, only serves to emphasise the desirability of amending the Acts to make this obligation perfectly clear and unequivocal, a step which this Society has been recommending.

The Report reiterates the reasons, only too well known, why there was a drift away from the local authority dental services, which drift has now, fortunately, been halted, and makes this point: "The total number of men at present in the scheme (excluding chief dental officers) who are prepared to make a career of school dentistry must be very small, yet these men are the very foundation on which any new scheme or long-term policy must be based. No scheme can be planned without the hope of some continuity of staff."

Dealing with the evils to which the early loss of teeth, both deciduous and permanent, can give rise, the Report proceeds: "We wish to emphasise that premature loss of teeth in children is not just a loss in itself but a piling up of trouble for the future"; and "Our purpose . . . is to indicate that in our experience in the practice of dentistry we are regularly confronted with conditions in the adult mouth which need not have arisen or which could have been mitigated had the patient in childhood received routine dental inspection and care." As if perhaps to stress the haphazardness of leaving the care of children's teeth to the general dental practitioner working within the general dental service it is noted from the "Report of the Working Party on Chairside Times taken in carrying out Treatment by General Dental Practitioners" (the Penman Report) that "in Scotland general dental practitioners devoted only one hour in every 300 hours to 'conservation of deciduous teeth.'"

Dealing with the question of available dental man-power, we further read that to provide "an efficient preventive dental service for school children, expectant and nursing mothers and pre-school children, 500 dentists would be required, one for every 1,500 school children." This figure represents considerably more than one-third of the practising dentists in Scotland and, in the opinion of the sub-committee, "there will not be a sufficient number of dentists for a comprehensive scheme for more than 20 years." They do not consider that the service can be neglected for so long a period and so recommend the employment of dental ancillaries of the New Zealand type. When the scheme for employing such dental ancillaries could be fully developed they estimate that a staff of 200 dentists and 600 ancillaries (N.Z.) would be required. The sub-committee considered the employment of the type of ancillary now recommended by the British Dental Association and known as dental or oral hygienists, but rejected it on the grounds that such ancillaries "have a training and a range of duties too restricted to be fully useful." Taking into account exchequer grants, it is calculated in the Report that assuming a full complement of dentists for an adequate service the rate-borne expenditure would

* "Preventive Dental Services." Published by Her Majesty's Stationery Office. S.O. Code No. 49-381. Price 1s. 3d.

vary in different authority areas from a rate of one penny and a rate of twopence three farthings in the pound.

The Report rejects entirely the use by mobile dental officers of transportable equipment set up on school premises or halls for the treatment of school children, but considers that there is a place for mobile clinics and lists a number of advantages which their use has over transporting children to static clinics. Among these are the publicity value of the mobile clinic to the rural population, and the fact of the children being more amenable to treatment when they do not have to travel or wait a long time ; when the clinic is sited close to the school there is no undue loss of school time or broken appointments. Mobile clinics do not, however, do away with the need for properly equipped static clinics.

With regard to orthodontic treatment services, the Report describes a very interesting experiment or pilot scheme which was commenced in the County of Fife and was later extended to the City of Edinburgh and five other counties. Orthodontics is far from being a luxury service and we read : "Nor must the psychological aspect be forgotten, for the presence of an unsightly deformity of the jaws or teeth may upset the development of a sensitive child's personality, owing to the very real fear of ridicule from his playmates." Irregular teeth are also less efficient for mastication and more susceptible to disease. "The scheme is based on the understanding that the greater part of orthodontic treatment, both preventive and curative, can be carried out by the school dental officer under the guidance of one orthodontic consultant." It relies on the co-operation of the school dental service, the Regional Hospital Board and the teaching hospital. Unfortunately, no mention is made as to how or by whom the experiment was financed. The pastoral value of the consultant's visits to the dental officers' clinics is also commented upon.

The generally accepted principles of oral hygiene and caries prevention are restated and the fluoridation of public water supplies and the use of di-basic ammonium phosphate and urea in dentifrices as methods of control are pronounced as promising. The Report is well written and concise. Its logic is unimpeachable and it is not overlengthy. We commend it to all those who are interested in the problems of preventive dentistry.

By a strange coincidence and in marked contrast to the above, the British Dental Association, also on October 10th, issued a memorandum on the dental treatment of children. Its basis is an offer by a fraction of general dental practitioners to give between them half a million hours annually to the treatment of children in their own surgeries. Remuneration would be on the National Health Service piece-rate scale and the local authorities are asked to co-operate by the reference of children to the practitioners, when found on inspection by existing salaried dental officers to be in need of treatment. The memorandum is, unfortunately, marred by such inaccuracies as the statement that the situation with regard to the dental treatment for the priority classes has "unquestionably deteriorated" since May of last year, when in fact it is known that there has been a steady, albeit slight, improvement in the staffing position. Further, it is stated that even at the present time one of the chief responsibilities of the school dental officer is the inspection of children's teeth, when even in favourable circumstances it hardly occupies more than one-tenth of his time. The half-million hours referred to above represent an average of one hour per week from each practising dentist in the country and reduced to terms of whole-time dental officers would add the equivalent of 300 to the existing staff, a figure which would bring the number of school dental officers up to little more than the 1948 level. How the Association can consider that there is abundant evidence of the availability of dental treatment not only for children in maintained schools but also for those of pre-school age and those in other types of schools and for the expectant and nursing mothers is, therefore, not quite clear, and the Council of the Society have already expressed to the Ministries of Health and Education their view that the B.M.A. proposals are neither economic nor administratively practicable.

All will naturally hope that nothing will stand in the way of children receiving dental treatment but we find it difficult to commend a short-term expedient which might well have an adverse effect on recruitment to and the build-up of the service by diminishing its attractiveness as a career for young entrants. This would certainly be the case if the role of the dental officer were largely reduced to that of an examiner and co-ordinator instead of what our American friends would describe as a full-blown paedodontist. No short-term policy should be at all antagonistic to the long-term aim, and surely no one would be so rash as to recommend the extinction of the school dental service as we conceive it and as the only long-term and satisfactory method of bringing into being a full preventive dental service for the children of this island. The British Dental Association are now to give their attention to the formulation of a long-term policy. It is to be hoped that these later proposals will prove more impressive than their present ones.

As we go to press, the reply of the Ministries to the B.D.A.'s memorandum has been published. They reject the suggestion that children should be treated in practitioners' private surgeries, but wish to follow up the implied offer by 583 dentists, who according to the memorandum, are willing to give sessional time in local authority clinics. The sincerity of the Association's desire to improve the dental outlook of the priority classes may well be judged by the speed with which the names and addresses of the above mentioned dentists are supplied to the Ministries.

Piercing the Veil

The popular pastime of remoulding the public health service "nearer to our hearts' desire" is inevitably linked with the same process in regard to local government. Dr. J. V. Walker, in a paper read to the County Borough Group, which we publish on other pages, has suggested the infusion of the French *Département* scheme, though in fact we believe that the units which he has in mind would on the whole be smaller and more localised than those across-Channel. His views on the kind of doctor which the country needs as its M.O.H.s, and their previous experience and training, are also healthily provocative. Dr. C. G. K. Thompson's paper, also published in this issue, suggests some other interesting potential developments.

Recent pronouncements by members of the Government seem to indicate that local government reform has been shelved as an impracticable proposition until either a Government is in power with a sufficient majority to push through an Act of Parliament regardless of central or local opposition, or until the Local Authority associations can agree amongst themselves, the latter in our view being an unlikely outcome of human nature as manifested in elected representatives. We believe, therefore, that, despite the notorious difficulties, overlappings, waste and frustrations of the present situation as it affects medical officers of health in all types of local authority, there will be plenty of time for us to continue indulging our sense of speculation over the future—that is, if doctors are still willing to "chance their arm" in public health. We believe that under all the apparent handicaps there is and will continue to be a vocational "pull" in the work of the public health service which will bring in new blood, so long as here is even a distant prospect that reform will be achieved.

LORD HORDER will deliver the Harben Lectures, 1952, in the Lecture Hall of the Royal Institute of Public Health and Hygiene, 28, Portland Place, W.1, on Tuesday, Wednesday and Thursday, December 9th, 10th and 11th, at 4.30 p.m. each day. His subject is "Fifty Years of Medicine." The chair will be taken by Sir Henry Tidy, Dr. J. Browning Alexander, and the Rt. Hon. Walter Elliott respectively. The secretary of the Institute would appreciate advance notice from those attending.

THE DEFIANT ENVIRONMENT *

By FRANGCON ROBERTS, M.D.

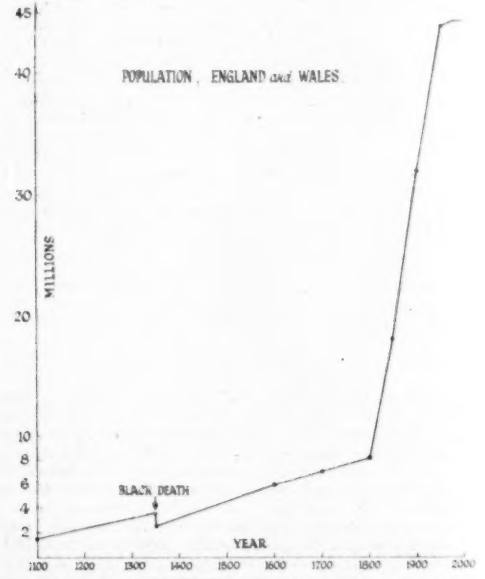
(Abridged)

Man has existed for perhaps one million years. He has been engaged in a constant struggle against environment which has never succeeded in eliminating man. During the latter part great civilisatoins with aggregation into large cities have risen—and fallen. According to Toynbee, there have been 19 of them. It is somewhat humiliating to contemplate that these achievements have been possible without, so far as we know, any knowledge of medical science as we understand this term.

Many sociologists attribute our present troubles to the Industrial Revolution, looking upon this as a social disaster from which we are still suffering. If, however, we go farther back we see it in its right perspective. Our ancestors' control over their environment is reflected in the study of population.

		Millions
1086	Domesday Survey. Population about	1·5
1349	Before Black Death " "	3·5
	After "	2·5 to 4
1600	... ...	6
1700	... ...	7
1801	... ...	8·2
1811	... ...	11·0
1831	... ...	13
1851	... ...	18
1901	... ...	32
1951	... ...	44
1962	... ...	45

The full significance of these figures can only be appreciated if you plot them. You will then see an almost horizontal line for about 700 years turning abruptly almost to the vertical (See Graph.)



From 1086 (and probably even before, in Anglo-Saxon times) to about 1750, growth was slow, commensurate and with improved production—clearing the forests, drainage of the fens and development of the East Anglian wool trade. There was, of course, no public health. Man was practically in a state of balance with his environment, the population being kept down by famine and disease. The mortality of children under five, even late in this period, was 75%.

These things were accepted as natural.

Writing of the time of Elizabeth I, Trevelyan says :

"Man still paid very heavily in his own person for the conquest of nature. The exposure and hardship which were the lot of the poorer agriculturists were terrible. . . . And in cottage industries parents often employed their small children for very long hours. . . . The death-rate, even in upper-class families, was very heavy, and the poor only expected a slender proportion of their immense progeny to survive."

Writing of 1700, the same writer says :—

"London's work was done by a turbulent population of cockney roughs—porters, dockers, day-labourers, watermen and a fair sprinkling of professional criminals—living uncared-for and almost unpoliced in a labyrinth of tottering, insanitary houses."

The remarkable rise in population at the end of the 15th century was due partly to improved agriculture, partly to the rise of industry and partly to the suppression of disease. Increased food production was probably the most important, for sanitary reform came later. The influence of Southwood Smith, Chadwick, Farr and Snow only began to be felt in the middle of the 19th century, and not until 1853 was vaccination compulsory.

In cruelty and hardship the industrial revolution brought nothing new. The only difference was that they were concentrated in the factories and therefore more obvious to the public conscience. In much the same way we are now shocked by a railway accident but indifferent to the same number of deaths on the same day scattered along our roads.

Indeed, so far from being a social disaster, part of the "mess of centuries," the industrial revolution was a tremendous triumph over the environment, the greatest in all history, and one which can never recur. The annual rate of increase in population which, with periodic vicissitudes, was 10,000 to 15,000 or 0·07%, rose to 200,000 to 300,000 or 3·5%, that is 50 times as great. The population is now five times what it was in 1800 and 30 times what it was in 1100.

We can, therefore, distinguish three phases :—

(1) Up to about 1800, a phase of rough equilibrium between man and his environment.

(2) From 1800 until recently, a phase of rapid and phenomenal conquest of the environment.

(3) The phase on which we have just entered,—return to near-equilibrium.

The main characteristic of the present phase, of course, is that the average individual stays on earth for a much longer period. In other words, the population, in addition to being larger, turns over less rapidly with the incidental result that compared with our ancestors, we have much less experience of death's visitations. At the same time uncontrolled birth has given place to controlled birth.

What, then, are the changes in the relation between man and his environment in these three phases ?

First, the conquest of the environment in the early part of phase two was achieved by methods which we now consider crude—iron-smelting on a large scale and the invention of the steam engine ; and in health, the elements of sanitation and vaccination. The present phase is one of refinement of method, but the rate of conquest has slowed down according to the law of diminishing returns. It is interesting to speculate as to what would have happened if the course of events had been reversed. Had science applied itself first to health and been accompanied by an earlier awakening of humanitarianism, productive capacity would have increased owing to there being less illness but the increase in population would have been even more rapid and could not have been relieved by emigration. We have, in fact, no reason to assume that any other course of events, though apparently more beneficial at the time, would ultimately have led to a happier result.

* An Address to the Jubilee Meeting of the Association of County Medical Officers of Health of England and Wales, Middlesex Guildhall, October 31st, 1952.

Secondly, the environment in the first phase was the natural environment in which man was almost passive. Our environment is largely of our own creation, of a kind which introduces new and different strains mainly of a sociological character. Applied to the individual the term "strain of modern life" is, I am convinced, a fiction, for all individuals, except for a very small minority, have always lived under a strain. The difference is that owing to the sharing of risks and pooling of resources upon which social life depends the strain is taken by society as a whole. We see a heightened national self-consciousness and self-analysis with the unfortunate result that the more we learn about our environment the easier it is to find fault with it rather than with ourselves. It is comforting to our pride, if not very inspiring, to accept Thomas Hardy's picture which, following the Greek tragedians, depicts man as the helpless victim of the gods. Social science has grown faster than moral improvement.

Thirdly, the spectacular inventions and discoveries of the present phase create the impression that the phase of conquest is continuing with increasing rapidity. This, to my mind, was the false note in the South Bank Exhibition of last year. It attempted artificially to re-create the optimism which was natural in 1851 when the Victorians had good reason for looking forward to a future of limitless expansion. For we know, being reminded of it almost daily, that progress is slowest in what really matters, namely, food production, and we have the perpetual menace of increasing industrial competition, the closure of markets and the hostility of our former customers. Though we seem to be pushing away the hostile elements of the environment so that they are almost out of sight, yet they are there all the time and grow no less menacing with distance. We can see this in miniature in our own gardens—in the increasing difficulty of pest control and in the rapid reversion of the land even after the shortest neglect.

To prevent the re-descent of the environment upon us needs constant vigilance at ever-increasing cost in money and personnel. The great endemic diseases have been subdued but we have to be perpetually on our guard, for example, against poliomyelitis. In the last 50 years the mortality from typhoid has been reduced from 182 to one per million. Yet consider the immense amount of work involved in dealing with those outbreaks which still occur, and the technical complications involved, for instance, in phage-typing. In industry we have the same story. As we pursue our attack on the environment new dangers and new diseases make their appearance.

But perhaps the most obvious example is to be found in road accidents. The struggle for existence, which is another term for the conquest of the environment, demands speedy transport. Without it our society would suffer a severe setback. The crude death-rate on our roads is now 92 per million; 50 years ago, in the last days of horse traffic, it was 84 per million. It would therefore seem that things are not very much worse. But this, to my mind, is not the right way to look at it. To keep the number of casualties under control requires an immense and ever-growing expenditure on preventive measures such as never previously existed.

Fourthly, there has been a change in the appearance which the environment presents. In the first phase it seemed to be the creation of supernatural beings, benign and malignant. Against the latter man was completely helpless. With the development of rational thought in the second phase this view disappeared. In the new strong light of science everything appeared either black or white. Everything beneficial —sanitation, vaccination, antiseptic surgery, asceptic surgery, anaesthesia—was beneficial without any doubt. Now in the third phase, though very great benefits continue, we see things in shades of grey. We are uncertain. New drugs bring harmful side-effects and create new problems as we can read every week in our journals. Nor is this confined to medicine. We see it in agriculture. We are less able to distinguish between friend and foe. We are ignorant of the long-term effects of the new insecticides.

Fifthly, a change has occurred in the relation between the conquest of the environment and particularly medical progress on the one hand, and national production and national wealth on the other. In the early stage of conquest, now being enjoyed by primitive races, medical progress increases production because there is less incapacitating illness such as malaria. It is this stage which Prof. C. E.—A. Winslow of World Health Organisation, deals with in his recent book, "The Cost of Sickness and the Price of Health." But there soon comes a second stage when medical progress has two simultaneous effects, increase in production for the reason just given and decrease in production due to prolonged senescence and success in prolonging but not curing chronic and degenerative diseases. It is quite obvious that as civilisation advances the second of these must preponderate over the first. Prof. Winslow unconsciously implies this, for he points to the ideal of the United States which needs and actually has 15 hospital beds per thousand of the population.

Such being the changes in the relation between man and his environment, what are the results of these changes and to what new problems will they give rise?

First, there is the general problem of population and in particular the optimum population which this country should hold. In the Report of the Royal Commission on Population you will see how complex the problem is. The amount of food available, the need for man-power both for production and for national defence, have to be taken into account. At what level should it be stabilised if it can be stabilised?

This problem, of course, is complicated by the ageing of the population, of which we are being reminded almost daily. You know the facts as well as I do, that people over 65 will increase from their present figure of five million to 7·3 million. The state of some of these is already desperate. We try to alleviate it by experiments in housing, and by research into the process of ageing we try to retard the onset of senescence. Yet it is clear that we are only at the beginning of the trouble, for our efforts, however strenuous, will certainly be outpaced by the increasing numbers with which we shall have to deal. There are, moreover, some sociologists who think we ought to aim at a balanced population, balanced, that is to say, in regard to the different age-groups. But since the expectation of life is being increased, and will continue to be increased, in effect, by medical science, this means that population should be determined not by what the country can support but by medical progress, a doctrine which seems to me to be dangerous in the extreme.

There is, further, another aspect to this problem to which very little attention has been given, namely the effect of an ageing population upon politics. There may well come a time when the increasing power of the older members of the community, increasing through sheer force of numbers, will have an adverse effect upon the incentive and virility of the young upon which national prosperity depends.

Secondly, what of the quality of the population? Is this improving? As regards bodily physique our modern schools present a most inspiring picture. Yet one wonders if this is a true picture when one considers that in spite of all that is being done we need more children's beds in hospital, we see no diminution of such conditions as sinusitis and asthma. One distressing feature which impresses itself upon me is the number of young people complaining of low backache.

In nervous diseases and delinquency we see the same thing. We blame the environment, parental neglect, bad housing, the cinema and so forth, and here we must seriously ask ourselves whether the one consequence of the welfare state is to increase certain morbid conditions. How far, for instance, is more efficient ante-natal and post-natal care the cause of the increase in the number of mental defectives? How far does improvement in prevention perpetuate inherited disease for which there can be no remedy? Then we have that very disturbing phenomenon, the appearance of practically a new disease of the new-born, lenticular fibroplasia, which is definitely

associated with prematurity since its incidence varies directly with the degree of prematurity. Though it will, we hope, become preventable, it now constitutes a grave problem.

Finally, a word about the relation between preventive and curative or rather therapeutic medicine. We often read the grievance of those engaged in preventive work that the amount spent on the hospitals is out of all proportion to the amount spent on prevention. Up to a point I agree and sympathise. Hospital work has the immense advantage of insistence and drama. There is, for instance, nothing in preventive work so spectacular as modern *x*-ray therapy. But this is what the public demand though in the same breath they complain that more disease is not prevented. Reading the latest annual report of the Ministry, I must say I am deeply impressed by the amount which is now being done preventively by education, immunisation and so forth. What strikes me is the immense gap between the field of operation of preventive medicine and the diseases with which hospital wards are crowded. If I may say with all due respect, I think your case would be strengthened if you could set forth explicitly how this gap can be bridged.

You may think from what I have said that my philosophy is entirely negative. But this is not really so. I have tried to be realistic. We cannot stay still and we certainly cannot go back. We must, in fact, go forward, come what may. Though we do not know what the future has in store we can safely predict that our fight against the environment will become more and not less difficult with time. The purpose of life, biologically considered, is merely to continue, to continue not as inert substances but with constant change. Anything beyond this is something artificially imposed by man. The environment is necessary to man, but man is not necessary to the environment. As man increases his demands upon it the environment puts up its price.

PROVISIONAL VITAL STATISTICS ENGLAND AND WALES 3rd Quarter, 1952

The Registrar-General has announced that provisional figures for England and Wales for the third quarter of this year show that the fall in the birth rate since 1947 has been arrested, that the death rate was the lowest since 1947, and that the death rate of children under one year of age and the stillbirth rate were the lowest ever recorded for any quarter in this country.

Live Births.—Live births registered numbered 167,938 representing a rate of 15.3 per thousand population, compared with rates of 15.2, 15.4 and 20.0 in the corresponding quarters of 1951, 1950 and 1947, respectively. The rate in the third quarter of 1938 was 15.2.

Deaths.—There were 98,666 deaths registered during the quarter, representing a rate of 9.0 per thousand population of 1947, which had the record low rate of 8.9. The death rate in the third quarter of the year has risen above 9.3 only once (10.1 in 1944) in the last eleven years.

Deaths under one year of age.—There were 3,865 deaths of children under one year of age registered in the quarter, representing an infant mortality rate of 23.0 per thousand related live births. This was the lowest rate ever recorded for any quarter in this country and compares with the previous lowest of 23.4 in the third quarter of last year. The rate in 1938 was 42.5.

Stillbirths.—Stillbirths registered in the quarter numbered 39,696, representing a rate of 21.5 per thousand in this country and compares with the previous lowest of 21.8 in the third quarter of last year and a rate of 37.0 in the same quarter of 1938.

Sir Andrew Davidson, M.D., F.R.C.P.E., D.P.H., Chief Medical Officer, Department of Health for Scotland, has been elected an Honorary Fellow of the American Public Health Association for "his outstanding contribution to public health."

CONTROVERSIAL THOUGHTS ON LOCAL GOVERNMENT AND THE FUTURE OF THE PUBLIC HEALTH SERVICE*

By J. V. Walker, M.D., M.R.C.P., D.P.H.,
Medical Officer of Health and School Medical Officer, County Borough of Darlington

Medical Officers of Health are unavoidably concerned with the future of local government, because even if they were to become the employees of the State, they would, by the nature of their duties, need to be seconded to serve in particular districts and to report to local councils. One reason for the decline in importance of local government in recent years has been the pressure of total war and the necessity in waging it of central, overall direction. Another is the desire on the part of a certain section of opinion to exalt the State at the expense of all other vehicles of authority, and a third may be found in a failure of local government to adapt itself to a fluid social situation. Some blame must be attached to the local authorities themselves, because they have shown no desire to look for a fresh pattern. This is without excuse, since the whole structure of local government, with the exception of a few ancient cities, is a modern growth, the county councils dating from no earlier than 1888.

Common-sense planning must take account of the natural growth of things. Particularly should this be so among Englishmen, whose fashion of thought is empirical. When "the rolling English drunkard made the rolling English road," he may have seen that he avoided the hill in the way of the straighter path, and in this he was no fool. When England was a rural, wooded land of few people and, apart from London, very small towns, it needed quite different internal administration from now, when it is urbanised, industrial, and over-populated. It was natural then that power should centre in the great landowners who had the right to the labour just as they had, in feudal theory, the obligation to secure the lives, health, and property of their people. This concept, however correct in its time, is utterly inappropriate to our own day. Only confusion can follow by paying lip service to administrative forms that derive from it unless they can be shown to serve the interests of the present. When the country was divided among county boroughs and administrative counties and the latter subdivided again into urban and rural districts, more regard was had to ways of thinking inherited from the past than to the distribution of population and the evolution of cultural life.

"Departmentalisation" of Local Government

Let us forget for a moment all existing boundaries and consider how far the country divides naturally into areas, each consisting of a town and of a surrounding district of which it is the focal point. Such a unit may be likened to a living cell, with its town the nucleus. Sometimes a natural area of this sort will correspond very closely with an existing county, having the county town as its centre. In the more thickly populated parts of the land, however, this arrangement is rarely achieved. One county may have several natural areas, while these in turn may show no respect for county boundaries. The greater cities, moreover, have an overriding influence, to be described as provincial in scope, and it is no accident that the headquarters of the regions under the National Health and other services are often sited there, so that they become administratively, as well as by popular consent, regional capitals. We have, therefore, the picture of a two-tiered structure consisting of what may be called provinces and, to borrow from French usage, departments.

From the angle of the hospital services, such departmentalisation of the regions is already established in the areas of management committees and of chest physicians.

* A paper read to the County Borough M.O.H. Group, Society of M.O.H., Leicester, June 28th, 1952.

Useful clues may be given from the working of this scheme as to what are and what are not real departments. Where my own locality of Darlington is concerned, the departmental boundaries are easy to determine. They extend south-west to the head of Wensleydale, north to Bishop Auckland and Ferryhill, but passing on the east rather close to the town itself. The decisive factor of such a department must be natural form rather than population and area, but for the more thickly inhabited parts of the country, a population between 200,000 and 500,000 would seem convenient, less elsewhere in accordance with communications and other needs. The nuclear town need not, of course, be a county borough. Many natural areas find their centre in small towns such as Maidstone or Barnstaple, and the department as here described would be an administrative unity, with no further subdivision into urban and rural parts.

The provincial capitals would act in respect of their regions rather like the nuclei of the departments, but I do not think that their local administration would require a wide surround, except to include suburbs already organically one with them. They would be, therefore, purely urban authorities and would be much the same in name and number as the county boroughs as originally proposed when that kind of local authority was first established. A different administrative set-up for the greater cities has no intrinsic merit of its own. There would be nothing to prevent the chief town of a department being also a provincial capital, other things being equal. But in general the greater cities seem to be cast for such a part.

Many areas of the country would need special consideration. London is outstanding, and I am in good company when I avoid any clear statement with regard to it. One scheme might be to make a province of Greater London and divide it among several wholly urban local authorities of greater city status. As such it would be unique among the provinces, but it is unique in any case.

Among other areas for special consideration are the riverside conurbations. The same problems are not necessarily common to them all, as when the Boundary Commission declared the Mersey to unite, the Tyne to separate their riparian authorities. Though the reasons for this are obscure, those who know both localities will probably agree that it is so. "Mersey City" would, of course, be a provincial capital, as would Newcastle-upon-Tyne, whether or not it were enlarged, but Tees-side would require a scheme of its own. This brings us to another difficulty, which is how to fit into the departmental pattern very large towns not themselves likely to be provincial capitals, such as Hull, Leicester, Stoke-on-Trent and Coventry. Where these have sparsely populated surrounds, of course, no grave problem arises and the cities would become nuclei of departments verging in population towards the upward limit of half a million. Others, in more thickly populated parts, are not alone as potential nuclei, so that, for instance, the counties of Derbyshire and Nottinghamshire (and something of Staffordshire and Leicestershire as well) divide into four departments with capitals at Derby, Nottingham, Mansfield and Chesterfield. Nottingham is, of course, a potential provincial capital, more apt for the East Midlands than Sheffield.

We are left with the inland manufacturing areas around Birmingham, Manchester, Leeds, and Sheffield. Three and possibly all of these cities would be provincial capitals, but there would be no question in at least two of them of enlarging boundaries to create a single super-city, as suggested above for Merseyside. Wolverhampton, for instance, does not regard itself as being in any sense a part of Greater Birmingham, nor Bradford of Leeds. The midland group, excluding Birmingham, seems to fall naturally into three departments, with nuclei at Wolverhampton, Walsall and Dudley and extending westwards, northwards and south-westwards respectively, the boundaries finding their common joining point at about Wednesbury. I speak subject to correction, but unification of the Manchester district in one authority might be a natural development, requiring treatment similar to that of Greater London. An urban province of Manchester would be something like the Manchester County Council proposed in the first report of the Local Government Boundary Commission.

These examples of areas with special difficulties have been given to show that in making a general proposal, exceptions have not been overlooked. Thus to summarise, we have :

(1) The division of England into "departments" consisting of natural areas of town and country, each to be an administrative unit and formed without reference to existing county boundaries.

(2) The departments to be grouped into provinces, of which the capital when it was a Greater City would be a self-contained local government unit outside the departmental framework.

(3) The special consideration of some heavily urbanised and industrial areas.

(4) London—a problem of its own, mentioned here rather than faced.

Public Health under "Departments"

To us the most interesting feature of such a scheme is how it would affect public health administration and prospects. First of all, with the elimination of all urban and rural districts and of the vast majority of non-county boroughs as separate entities, there would be a great reduction in appointments for chief officials, but all who made the grade would have satisfactory jobs. All would have the responsibilities now discharged by local health authorities and they would combine the work of town and country areas. The question of assistants for them need not concern us, at least for clinical duties. One of the advantages of the scheme I have outlined would be that it secured the unification of all health and medical services at the level of the department. Thus the Medical Officer of Health would be the adviser on hospital policy in relation to the needs of the community, as also the moderator of the general practitioner service. Paediatricians, obstetricians and others, of appropriate grade, would be as available for duty at clinics whose aim was prevention just as much as when the cure of established disease was the object. There would be no trouble about separate contracts with several masters and the ideals of the National Health Service would be realised in practice.

At provincial level there would be co-ordinaring control between the ground and the Ministry of Health, and certain services uneconomic for smaller populations, such as the care of spastics, would be administered directly from there.

Is Your D.P.H. Really Necessary ?

The recent falling-off in the quantity of recruitment to the public health service may not, therefore, be unmixed evil. But a decline in quality is a much more sinister phenomenon and needs urgent consideration. What I have to propose here is more revolutionary than what has gone before and is the modification of the hitherto approved means of promotion in the service and the abolition of an obligatory D.P.H. As I see it, one of our most urgent needs is to attract to preventive and social medicine practitioners who are already experienced in other branches of our profession. This is what happened in the early days and our pioneers were physicians who had seen and were convinced by their experience that prevention was better than cure. Promotion from junior rank would, of course, remain the usual course, and this would be a simple matter when all had a basic experience of both preventive and curative medicine in their early post-graduate appointments. But it ought to be possible for a well-established general practitioner or consultant to become a Medical Officer of Health when he had the ability and the vocation to do so without the need for the twofold ordeal of taking another examination and giving up a good deal of his income. For Medical Officers of Health to form among their professional colleagues a kind of monastic order, pledged at least

to poverty, might be edifying, but will cut no ice in contemporary, secularised society.

In my opinion we have suffered in recent years from a rapidly calcifying tradition of training and promotion. The D.P.H. course itself, although it has been changed of late in the promotion of time given to various subjects, dates from an epoch when it was necessary for a Medical Officer of Health to have technical skill in chemistry and bacteriology and when environmental hygiene presented a simpler and cruder problem than it does to-day. The Medical Officer of Health still requires certain elementary technical skills apart from his vitally important competence as a clinician. He needs, for instance, to be able to interpret and make simple manipulations with statistics. But this hardly demands a special diploma which, if it were to be made truly relevant to present conditions, should include psychology and sociology as major subjects as well as nutritional theory, with some grounding in philosophy in addition to mathematics. These subjects call for a good deal of book work, but much more the actual experience of affairs and an appreciation of them tempered by wide general culture. If a special qualification is required, I should like to see it obtainable after the possession of a senior appointment and not obligatory beforehand, and I think that it should be a degree rather than a diploma. As such, it could be given *honoris causa* to a brilliant social physician recruited from another branch. On the other hand, I should like to see the standard of the examination very high, if possible equal to that of a D.Sc., and for that that reason I am not in favour of another kind of M.D., which in any case should have been obtained in clinical medicine. As for other qualifications, a D.P.M. is perhaps as useful to-day as any other, and is likely to become more so, while a degree in Arts, where this is not just a formality, would perhaps be the greatest of all external recommendations, revealing a cultural background extending beyond professional interests.

THE FUTURE OF THE MEDICAL OFFICER OF HEALTH

Dr. C. G. K. Thompson (M.O.H., Wakefield C.B.), the second opener at this session, began by assuming that the status of the Medical Officer of Health and his power to influence the public had suffered considerable setbacks since the war. He felt that there were four causes for this:—

(i) The all-out attack made on the medical profession and all officials by political sections of the community.

(ii) The ignorance, wilful or otherwise, of one's professional colleagues of the great advances in social medicine directly attributed to the patient work of medical officers of health and their staffs.

(iii) The entry of party politics into local government had lowered the plane of discussion and had brought decisions based not always on sound reasoning but on party dogma, which must inevitably be attached to electoral safety and have an emotional element.

(iv) As a direct result of these three factors came a welter of social legislation conceived and turned to party politics. This had scattered some functions here and some there, leaving the M.O.H. shorn not only of half its interests but of the means of progressing independently towards a greater measure of public health.

If the Medical Officer of Health was to survive and to become again the key person in the whole of medical practice then the following eight conditions must obtain:—

(1) The pattern of local administration must at least remain *in statu quo*, but rather should it improve and render unto Caesar the things that were Caesar's. A corollary of this in a nutshell was that local authority representatives must stick to policy, keep out of offices and stop talking about "their administration."

(2) The recognition by local authorities that their officials must be of the best quality and highly qualified. The pay must be commensurate with other specialist branches of the profession and reflect the responsibility and trust which was placed upon them.

(3) The streamlining of the recent social legislation which by its piece-meal appearance had created splinter bodies with resultant overlapping of services and prodigious waste of specialised labour and money.

(4) The bringing under the supervision of the Health Department of a scheme of occupational health.

(5) The return of certain hospitals, i.e., T.B., I.D., and maternity units, the removal of which had done so much to discredit the functions of the M.O.H., to the control of the Local Authority.

(6) Cessation of undue interference by officials of central government departments and a return to the position of the benevolent giver of advice when required which obtained before the war.

(7) The strengthening of the importance of the Health Department by the local authorities' granting facilities for research into health problems of general and local import.

(8) Finally the recognition and acceptance by all medical officers of health that mental health was as important, if not more so, as physical health, and that psychiatry would no longer be kept on the fringe as a rather disreputable relation.

The first point was the future pattern of local government. Under this the areas of local government were dealt with and reference made to Dr. Walker's ideas and those of Sir James Lythgoe, Manchester City Treasurer. The speaker felt with Sir James and Dr. Walker that he would like to see the eclipse and disappearance of the county as a unit of local government because it was far too big. In place of the county areas it would be better to see a combination of smaller authorities within the county area. This would mean a revision and break up of county council government in its present form.

Next he discussed the attitude of the public towards the Medical Officer of Health and his staff. It was the uninformed professional lay and political opinion which had to be moulded and guided. There was a mighty torrent of opinion backed by little knowledge and much emotion, which on account of its resultant activity, if not kept to orthodox channels, might endanger the future of all local government officials. Politicians, he felt, had not a clear idea of the working of local government. Many of them, unfortunately, came into local government emotionally immature and it was the very hard and difficult task of the Medical Officer of Health and his staff to keep up a tactful educative process. It was commonly understood now that local government, as a result of increased party political influence, had become attenuated and niggling. The causes of this marasmic condition of local government were complex and he again quoted Sir James Lythgoe as saying "Firstly there was an awakening of public social conscience and the consequent desire to make amends and improve things; and secondly, the expense involved through this conscience to get the required improvement was beyond the means of most local authorities." The result was the necessity for increased government grants and wider areas of charge than those available to smaller units of local government.

Thirdly, there was increased dependence of local authorities on Government grants to carry out services for Whitehall, and the grant structure had now reverted, which tended to vary directly with the expenditure and embodied a potential threat of greater supervision of local affairs by central government.

Fourthly, the loss of functions and responsibilities to central government added difficulties to finding public representatives of the right type to serve on local councils. Control by Whitehall tends to sap local initiative and councillors had little incentive to control their economy but waited for directions from Whitehall. As public representatives tended to be drawn from those sections of the community whose primary concern was raising and spending of public moneys, those with experience in the administration and control of large organisations tended to become fewer.

Fifthly, the significant development of recent legislation in keeping with the trend towards centralisation was that the Minister was made responsible to Parliament for the carrying out of a service and he prescribed how the local authority should administer it. In other words it was now *not* the local authority which was directly charged by Parliament with, or given the power to carry on a service, but the Minister.

In spite of Adam Smith's statement, in "The Wealth of Nations," that a doctor must be trusted and his salary must be commensurate with such a trust, this trust was not forthcoming as it might, if the Medical Officer of Health was not to be trusted without question, there could be no forward

movement of public health and no contentment with the work and the M.O.H.'s future had no substance nor satisfaction. He felt that many Local Authorties were bad employers of medical officers. Bad employers do not trust their employees and only pay good wages because they have to. This could not stimulate initiative or encourage any medical officer to give of his best, thus there could be no health in us.

Dr. Thompson went on to discuss the quality of entrants to public health services and felt that, unless there was more trust and respect by the members of the council for the M.O.H. and his professional officials, the quality of these would suffer still more. No good type of person wanted work where he was subjected to constant interference by his employers and had his professional advice and criticism spurned. The whole system was bound up inextricably with good manners.

He then turned to the straightening and smoothing out of the corrugations and crenellated outline of recent legislation. The trend had been to create departments to deal with services introduced by new legislation, with resultant overlapping. First, there was the great octopus of education, which attracted 62 per cent. grant on all expenditure and was spreading its tentacles to the new School Welfare Department, to overlap the duties of the School Health Service. Was it a good thing that we now had to depend on School Attendance Officers for information before Part I of form 2 H.P. could be completed. All this information was readily available in the School Health Department, but the new job gave just a little justification for the title School Welfare Officer. Then there was the lesser octopus of the Social Welfare Department which overlapped the Health Department's functions under Section 28 of the National Health Service Act, and that very active squid, the Children's Department, which was concerned solely with deprived children, but spread out to reach for further of the Health Department's fields to conquer. The speaker felt that these functions were entirely health matters and the creation of empires in vital services in the majority of cases by persons unsuited and unqualified should be forbidden.

Next he dealt with occupational health as a branch of public health and he felt that, by a little manoeuvre and organisation and by inviting the assistance of general practitioners, the local health services could be logically expanded to include the workshops and workplaces of the towns and cities. The family was the unit of health and no illness in a member of the family could be an isolated thing. Thus the home and the place of work must be correlated. The two were essential in the make-up of man; his work and himself must agree and his home and himself must agree. Where there was disagreement in either then ill-health must ensue. If the Local Health Authority took over the occupational health of its area the M.O.H. would then have regained some of his status and importance. He felt that commerce feared that the Local Health Authority might wish to set up an industrial health service. Commerce need not be afraid unless medical services which it was running were designed purely to save the finances of the industry by keeping the worker at work. He had found little evidence in many factory medical services he had visited that there was anything but lip service being paid to preventive measures. These services were purely medical curatives and palliatives and designed not to prevent illness but primarily to prevent loss of production.

Next the speaker dealt with research. He felt that research should be a *sine qua non* of every health department. There had been little opportunity since the war for real research mainly because of shortage of staff and shortage of money. Those departments which could do research would attract medical recruits of quality. Pioneer work raised the reputation of a department. This was using medical officers and staff wisely and created interest by encouraging independence of thought and work. He would welcome a sign that the Medical Research Council would assist medical officers of health to carry out research in their towns. The return of some measure of control of infectious diseases hospitals and of maternity units to local government would be logical. Both infectious disease and maternity units were proper functions of the health department, the infectious disease hospital to control infection and isolate infectious diseases, the maternity units to prevent their expansion into empires of the American pattern where the home was only the place to sleep. He regarded the birth of a child as a home event and not a major surgical operation.

The tuberculosis scheme, begun and maintained so well until 1948, had suffered a considerable setback since the dichotomy. The raising of the Chest Physician to consultant status was unwise and most medical officers of health had carried out, with care and efficiency, the duties of Tuberculosis Officer before attaining the rank of M.O.H. It was with previous experience as a Tuberculosis Officer that an M.O.H. was able to see tuberculosis not as a little concrete spherical problem but as a part of the general pattern of public health —a vision as wide as the horizon. Without public health training, the Chest Physician's vision was narrow, and only few of them did the domiciliary work or were at all interested in the home visiting and the social and economic condition of their patients. Tuberculosis Dispensaries should still be a local authority service, and Tuberculosis Officers could still become consultant Chest Physicians after proper training in the health department, which could give them the right attitude and outlook on tuberculosis, and hold appointments in the general hospitals, whilst available as consultants to the Local Health and Education Authorities.

He then mentioned the great expansion of knowledge concerning functional mental illness. Too many medical officers were not giving attention to it and because of this our functions were being assumed by the Educational Psychologist. Unfortunately but inevitably, psychologists had a very unbalanced and a very biased view with which they misled not only teachers but also parents. It was a great tragedy that the S.M.O. with psychiatric knowledge was so scarce. The medical officer should realise that the lay psychologists, having got the bit between their teeth, and encouraged by unwise utterances from the educational field, intended to win control of child guidance work. He appealed for more interest by medical officers of health in the prevention of mental ill-health in the home by teaching in the Maternity and Child Welfare Clinics. Many of the functional mental illnesses that were uncovered during the war and in ever-increasing numbers now could have been prevented if parents had been made aware of the why's and wherefore's of child behaviour. This could best be done by medical officers at clinics, but the ground work as always must be done by health visitors whose training should be suitably altered. The number of persons who went into the home must be cut down. The Health Visitor had an overall view of mental and physical health, she was the person to advise the household and should be encouraged and helped in this work.

Finally the speaker felt that the future success of preventive medicine lay in the recognition by the public health world of the mental well-being of us all and particularly the children.

CORRESPONDENCE

A Health Department Registrar?

To the Editor of Public Health

Sir,—In your editorial on "Peptic Ulcer" of the October issue, page 1, you refer to the inadequate use made of school records, and possibly you would include M. & C.W. records on transfer to the school entrant.

This would apply to medical records in general, e.g., hospital records, were it not for the installation and free functioning of the Hospital Medical Registrar, who is responsible not so much for the orderly storage of case sheets as for any necessary abridging, abstracting, and sorting out of the important from the unimportant, and the confidential from the non-confidential information; this latter distinction being made in the interest of public confidence, so essential to the completion of such reports. It is doubtful if such a functionary for public health notes would be capable of independent existence, but the necessity for such a function can at least be recognised before it is decided unto whom it should be added. Evidently it should be to someone already holding a local appointment, having also acquired the widest obtainable experience of and contacts with as many as possible of the following: child welfare, education, general practice, industry, and the combatant medical services. He would also need to work with, but not within, the hospital, nor within the limits of the sick population.

The question you have raised is no new one, and will doubtless subside again until resolved into its components. One of these might well be: "Except by the people who make them, can extensive or permanent use be made of medical notes unless some principle of systematic redaction is adopted?"

Yours faithfully,

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THE ANNUAL DINNER

The Annual Dinner of the Society of Medical Officers of Health took place at the Piccadilly Hotel, London, on Thursday, October 23rd, 1952. 145 members and guests were received by the President (Dr. Andrew Topping, F.R.C.P.) and Mrs. Topping.

The Rt. Hon. Iain Macleod, P.C., M.P., Minister of Health, proposed the health of the Society. He said : " I am very happy to be with you to-night, partly by reason of the fact that there are so many people whom I know here, and partly because it is very nice to be in a gathering which is almost entirely Scotch ! I was speaking some months ago in the Dundee by-election, and at the end I was asked by a Scottish Nationalist whether I did not think that Scotland ought to have more control over its home affairs. My reply was, " I suppose you mean the Home Departments—Education, Health, Home Office, and Housing ? " He replied that was what he did mean, and I then pointed out to him that the Minister of Housing is Harold Macmillan, a Scotsman ; the Minister of Education is Miss Florence Horsbrugh, a Scotswoman ; that the Minister of Health is a Scotsman ; and that the Home Office, occupied by Sir David Maxwell Fyfe, was also under a Scotsman, and I added that it seemed to me that it was not Scotland but England that needed help in this respect.

" I have been making a lot of speeches lately, and I have been taking perhaps as one principle theme the importance of the Medical Officer of Health in the present National Health Service. I have been very much interested to talk with my distinguished neighbours to-night and to find out where we agree and disagree. It seems to me beyond dispute that we should not spend too much time lamenting the fact that the functions of the Medical Officer of Health with regard to hospitals are gone. There is a new opportunity, even more splendid, before you. But I am perhaps less happy in my mind about the relationship of local authorities and local people to the Health Service than any other aspect of it.

" Here we have a number of problems not only unsolved but completely untouched. There is the problem, for example, whether local authorities should or should not have a closer say in the appointments that are made all the time to the hospitals within their area, and whether the personal health services should or should not be managed one tier down from where they are at present administered, and whether in particular the Medical Officers of Health stand in the right relationship to the healing profession on the one side and the hospitals on the other. Those are matters that concern me very deeply, and I agree with your President who said to me before we sat down to dinner that he thought it unlikely that these and other problems would begin to solve themselves until we have a more rational system of local authority administration.

" That raises immense problems. No Government with a tiny majority would like to take on such a controversial measure ; it calls for a comfortable majority in the House of Commons. The trouble is that while everybody is in favour of a more rational structure for local authorities in the abstract, everybody is against it in so far as it affects them. It is one thing for a Boundaries Commission to say on what basis local authority administration should be arranged, but when these proposals come down to a definite area there is apt to be difficulty. I am reminded of a proposal some time ago that Herefordshire and Worcestershire should be amalgamated, and there was objection raised in one quarter by somebody living in one of the counties, who said that it was healthier to live in his county than in the other ! But those are matters which do closely engage my mind and the minds of those who work with me at the Ministry of Health.

" My duty is to propose the toast of your Society and to couple it with the name of your President. It is a splendid thing that your Society should be available for advice and consultation to and with the Government of the day. It was very right that the special position you hold should have been recognised in the passing of the National Health Service Act in 1946, when the Chairman of your Council was made a member of the Central Health Services Council.

" I gather that there is some suggestion that your name should be changed, and, amongst other alternatives, that you should be called the " Society of Preventive Medicine." I do not want to enter into that matter at all, but I do like the word ' Preventive.' I should like to see more emphasis on it throughout the whole of the Health Service. I am not sure whether you have a motto in your Society, but if you have not I suggest that you might take the words of King Edward VII when he was told on the one hand that tuberculosis was a scourge in this country and, on the other hand, that it was preventable. His remark was, ' If it is preventable, why not prevent it ? ' That is the sound common sense ideal which ought to inspire us all.

" I couple this toast with the name of your President. I need not relate to you his great qualities. His reputation extends from Aberdeen to London and beyond this country as well. He follows worthily the long list stretching right back amongst some of the most famous names in preventive medicine to your first President, Sir John Simon, in 1856. He will very worthily fill the place which you have called him to occupy."

The President (Dr. Andrew Topping), in response, said : " I have listened to many talks from different Ministers of Health and I do not think I have ever heard one as sensible and reasonable as that we have just had from Mr. Macleod. The Minister of Health, to judge from what we see in the papers, has, as he himself has said, to be constantly making public speeches, and he has to exercise great care in them. He must be a mixture of Caesar's wife, who was above suspicion, and of that rather more interesting person, Potiphar's wife, whose special proclivities are known to us ! But when Mr. Macleod goes from one engagement to another, we rejoice to find that he is not completely a ' Yes ' man.

" The Minister has mentioned the taking away of hospital functions from Medical Officers of Health. Quite a number of us agree that that was perhaps not a bad thing. But I would make a plea that local authorities have never received adequate credit for what they did in developing the hospitals during the period between the passing of the Local Government Act, 1929, and the National Health Service Act, 1946. I admit that some authorities do not play the game, but there were many authorities who made an extraordinarily good attempt to upgrade the old Poor Law infirmaries and make them really good component parts of the Hospital Service. I am still convinced that the White Paper produced by Mr. Willink in 1945 was a better scheme than the scheme which they have had to adopt now. I think that the way the Government of the day rather went back on it because important hospital units said, ' We will not be paid through the local authorities,' was a mistake. However, we have got to make the best of it, and I am quite sure that in the Society of Medical Officers of Health, and many people interested in preventive medicine you have got a group who are thoroughly concerned in getting a really good health service, perhaps more so than any other group in the community.

" I am afraid myself of the National Health Service suffering from the stranglehold of consultants, and that is not a good thing. I think that we are entirely wrong in looking upon a man who has decided that he does not want to do general medicine, that he has not the right philosophical or psychological approach for that purpose, and decides to be an expert on allergy, or anaesthetics, or dermatology, or what you will, as one who should not only get more money, but is in himself on an entirely different and superior plane. That is absolutely wrong. The natural thing is that the public say of ' Dr. Smith,' of their local town, that he is an ordinary doctor and that he cannot be very good, otherwise he would be in Harley Street. That is entirely wrong, and it is one of the things about which we have got to think. We have got to improve the status of the general practitioner.

" When we were interested in making a hospital survey in the south of London we said that as far as possible, in every small area, we would have a really good physician and a really good surgeon available. I wonder whether in following the course we have done we have not lost more on the swings than we have gained on the roundabouts. I admit that there were many cases in which the practitioner, physician or surgeon was not perhaps as good as he might be, but we have got to face the question again of improving the status of the general practitioner. In many respects we could use him much more than we are doing in the Hospital Service. I agree that many of the old cottage hospitals were appalling, they were not serving the function they were supposed to serve, they were not open to all the practitioners in the area, in many cases they were doing surgery and nothing else. I have in mind one case of a London surgeon who was a consultant surgeon at 39 different hospitals. It is always a mistake to wipe something out when it might have been improved, and I say again that we shall have to think about the position of the general practitioner.

" The Minister has talked about the boundaries of local authorities. It may be true that no party would include in its programme this adjustment of boundaries because it is not a vote-catching matter, and that it can be dealt with only by a Government with a big majority. That brings up one of the obvious criticisms we all have of the present type of party Government. If it is essential that before we improve the Health Service we have to make sure that the party concerned does not lose votes by so doing, then it is a lamentable thing. Some party has to grasp that nettle and give us proper local government arrangements.

" We Medical Officers of Health have this dinner once a year. We are very poor people. From time immemorial there has been war between God and Mammon, and it is only unusual people like martyrs and other idealists who have been able to put God before Mammon. We do not want unduly to stress the fact that the public health people have had rather a poor deal financially. I feel that the man who has it in him and wants to do public health work will do public health work irrespective of the reward. I feel that most of us who are in public health are anxious to do this job and keen to do it irrespective of financial implications.

" Let me only add a reference to the pleasure with which we see so many guests, and especially ladies, amongst us at this annual function, and I will end by warmly thanking the Minister for his presence and his speech."

Dr. Charles F. White (Medical Officer of Health, City of London) proposed the health of the guests. He said that he had done so under some compulsion, but he always found it impossible to say " No " to people, and those who had arranged the dinner had taken advantage of his weakness. He then went on to refer to the presence of many of the distinguished guests, who included Civil Servants. The Chief Medical Officer of the Ministry of Health could not be present, but the two Deputy Chief Medical Officers, Sir Weldon Dalrymple-Champneys and Dr. Godber, were both present in their own right as Fellows of the Society and were always welcome amongst them. He recalled that Sir Weldon's father, the late Sir Francis Champneys, was the founder of the Central Midwives Board, which was celebrating its 50th anniversary that year, and whose chairman was to have been present that evening, but had been prevented by the death of his father. Dr. Godber had been a valued liaison officer between the Ministry of Health and the Council of the Society. They had also with them Mr. Fred Messer, chairman of the Central Health Services Council ; Sir Cosmo Parkinson, chairman of the Court of Governors of the London School of Hygiene and Tropical Medicine, and formerly Permanent Secretary of State for the Colonies. The chairman of the Urban District Councils Association and of the Rural District Councils Association were both amongst them, also the Medical Director of the Central Council for Health Education, Dr. John Burton. As to health education, he would only remark that whatever new type of education was introduced and inoculated into the public, the public had a remarkable capacity for developing resistance to it. Another welcome guest was the chairman of Council of the Royal Sanitary Institute, Mr. Denton Ogden.

They had, as usual, guests from the British Medical Association, namely, the Chairman of its Council, Dr. E. A. Gregg ; its secretary, Dr. A. Macrae ; and one of its assistant secretaries, Dr. Agnes Kelynack, who was also one of the most recently elected Fellows of the Society. As the President had suggested, altruistic as Medical Officers of Health might be, they could not be completely indifferent to their remuneration, and even if they were, their wives would have something to say about it. In this respect they had had tremendous help from the British Medical Association and he was glad they could take this opportunity of acknowledging it. The relationship between the British Medical Association and the Society had never been more cordial, and he wanted in particular to mention the work of Dr. Kelynack, who had done yeoman service.

Among the representatives of the Press present they had the deputy editor of the *Lancet*, Dr. Douglas-Wilson, and the deputy editor of the *British Medical Journal*, Dr. Thompson. The respondent to this toast was to have been Mr. Arnold Walker, of the Central Midwives Board, but, as he was unable to be present, his place had been taken at short notice by Prof. G. S. Wilson, Director of the Public Health Laboratory Service. Prof. Wilson had this great merit, that he always had both feet on the ground, and his knowledge of bacteriology was immense. He had a profound appreciation of what was practicable from the administrative point of view.

The other responder to this toast was Dr. George North, the Registrar-General. Dr. North had to do with statistics. The statistician he had once heard described as one who proceeded from inadequate data by unwarranted assumptions to erroneous conclusions. That certainly did not apply to Dr. North. Without the Registrar-General's services they, as Medical Officers of Health, would be completely lost. He was a key man in preventive medicine and he wished to congratulate him on his conduct of the recent census.

Dr. George North (Registrar-General), in response, said that his was a very pleasurable task that evening. He was coupled with a distinguished member of the medical profession in replying to the toast so that his own role was to speak mainly on behalf of the lay guests amongst them. He had not lacked advice about what he should say when he got on his feet, because he had met two old friends, Medical Officers of Health, in the hall, and the first one said to him, " Now is your chance to get at the Ministry of Health." But he was not going to do that. When the Registrar-General got into serious difficulties he at once took cover under the wing of the Ministry.

The job of the Registrar-General was to produce a picture of the nation's morbidity and mortality—a really depressing picture calculated to make the Ministry of Health and the Medical Officers of Health as uncomfortable as possible. It had been suggested to him that another thing he might talk about was local government, but it was some 15 years ago that he made a vow never again to make a speech about local government. It was on the occasion when an *impasse* had been reached in a local enquiry concerning Gloucestershire. He was as well aware as anyone of the pitfalls of statistics. Quite a few years ago a very promising young man came along and was interested in the registration of births. A point with which he was concerned was the connection of the birth-rate and the weather, and on checking up with the records of the Meteorological Office this young man found that more babies were born on sunny days than on rainy ones. But the conclusions at which he had arrived was at once vitiated by the fact that the date of the registration was not necessarily the date of the birth and that fathers or others might well wait for a fine day before going to the registrar's office. This weighted the statistics in favour of fine weather.

He would say in conclusion how very much he appreciated the good cheer which the Society had brought before them that evening and the excellent company with which it had surrounded them.

Prof. G. S. Wilson, who also responded, said that he would like to think that he had been invited there that evening not in a personal capacity but as a member of the youngest and, he ventured to hope, the most optimistic of recently established health services, namely, the Public Health Laboratory Service. It had been his hope and his constant endeavour to work in the closest association with members of the Society and his invitation to that function made him hope that those endeavours had been successful. He had also felt very honoured when two or three years ago he was invited to serve on the Society's Council. He did not regard that office as a sinecure. Almost before he was appointed a Standing Committee on food was set up on which he was asked to serve.

The interests of bacteriology were not always in accord with the pleasures of the table and he frequently suffered from a

conflict of loyalties. Perhaps he might be allowed to tell them a short story of a distinguished bacteriologist who, like many distinguished men, was rather absent-minded. During the war this man was engaged on a problem involving some secrecy, so much so, indeed, that his laboratory had to be surrounded by an armed guard. One day he went out to lunch and on his return he himself was challenged by the guard, who asked to see his pass. After some hesitation and embarrassment he finally discovered his pass and showed it to the guard. Then he said, "Corporal, when you stopped me, was I going out or coming in?" The corporal replied, "Coming in, Sir." "Oh, then, the scientist answered, "I must have had my lunch."

He thanked the members of the Society again for an excellent evening.

Amongst members of the Society and their wives who attended the Annual Dinner were :—

Dr. W. H. Bradley (Member of Council), Dr. F. G. Brown (Hon. Secretary, Home Counties Branch), Dr. J. S. G. Burnett (Hon. Secretary, North-Western Branch and member of Council) and Mrs. Burnett, Dr. H. D. Chalke (member of Council) and Mrs. Chalke, Dr. H. M. Cohen (President, Midland Branch), Dr. H. Kenneth Cowan (Chairman, G.P. Committee) and Mrs. Cowan, Dr. Doris A. Craigmile (Hon. Secretary, M. & C.W. Group), Sir Allen Daley (Hon. Fellow and Past-President) and Lady Daley, Dr. R. H. G. H. Denham (Hon. Secretary, West of England Branch) and Mrs. Denham, Dr. James Fenton (Hon. Treasurer and Past-President), Dr. G. M. Frizelle (Hon. Sec., Services Group) and Mrs. Frizelle, Dr. J. M. Gibson (Chairman of Council and Past-President), Dr. C. E. Herington (Hon. Assistant Treasurer, Society M.O.H.) and Mrs. Herington, Dr. J. B. McKinney (President, Northern Ireland Branch ; member of Council), Dr. John Maddison (President, Home Counties Branch ; member of Council) and Mrs. Maddison, Dr. A. A. E. Newth (Hon. Secretary, S.H.S. Group ; member of Council) and Mrs. Newth ; Prof. R. H. Parry (Vice-President) and Mrs. Parry, Dr. S. Chalmers Parry, Dr. Charles Porter (Past-President) and Mrs. Porter, Dr. T. Ruddock-West (Hon. Secreyart, County M.O.H. Group ; member of Council) and Mrs. Ruddock-West, Dr. H. L. Settle (Hon. Secretary, Yorkshire Branch), Dr. E. J. Gordon Wallace (Hon. Secretary, Southern Branch), D.. W. S. Walton (Hon. Secretary, Northern Branch and County Borough Council ; member of Council), Dr. Nora I. Wattie (President, Scottish Branch ; member of Council), Dr. Ann Mower White (President, M. & C.W. Group ; member of Council), Dr. H. C. Maurice Williams (Vice-President) and Mrs. Williams, Dr. J. Wood-Wilson (President, Yorkshire Branch) and Mrs. Wood-Wilson.

BOOK REVIEWS

Food and Nutrition. By E. W. CRUICKSHANK, M.D. Second edition. (Pp. 443. Illustrated. Price 30s.) Edinburgh : E. & S. Livingstone, Ltd. 1952.

The second edition of this work has incorporated the results of recent researches and surveys. A large proportion of the book is devoted to the problems of feeding the inhabitants of Great Britain during and since the recent war. The author puts forward a strong case for the continuation of food rationing, subsidies and fortification of certain items, stating that "the health of the people of this country, which has not only been maintained but improved during five years of blitzes, short rations and general alarms and five years of progressive austerity in the post-war period, is due originally to the fundamentally sound policy of Lord Woolton, Britain's war-time Food Minister."

Primarily intended for the use of medical practitioners and students, this book is of use to persons in other countries, particularly in those wherein malnutrition is rife, for once again Britain has set a good example to the world. However, the value of this work to such persons would be enhanced if the author had given more information concerning the foods and diets of the Middle and Far East. To end with a small quibble—"the pastoral Arab is in many cases almost a perfect specimen of humanity." This statement of the author does not meet with general acceptance, as it is certainly not applicable to the average Arab.

The Izal Service for Kitchen Hygiene. Newton, Chambers & Co., Thorncliffe, nr. Sheffield.

Messrs. Newton, Chambers have long been allies of the local sanitary services in supplying the chemical munitions. In this 24-page booklet, well illustrated, they point out that "maintenance of hygienic conditions in large kitchens is a new problem of our time" and pinpoint the danger spots in food-handling premises. Although the booklet is naturally concerned with the uses of their own well-known product, Izal, the lessons which it gives are of universal application. Copies are available on application by our readers to the firm.

Public Health Engineering. Vol. II. By EARLE B. PHELPS and WALTER D. TIEDEMAN. (Pp. 213. Illustrated. Price $4.) New York : John Wiley & Sons, Inc. London : Chapman & Hall, Ltd.

In the second volume of this work the authors have maintained the high standard reached in the first. They tackle in detail the principles of sanitation concerning the use of milk and shellfish, and also the hygiene of public eating places. Since the production of waste food and garbage is inevitably associated with food, a section is devoted to their treatment ; likewise the close association of rats with food has led to the inclusion of a chapter on rat control.

Sanitary engineers, medical officers of health, sanitary inspectors and students will all find this book of interest and value. The authors are to be congratulated on the lucid style, and the printers on the quality of their production.

Old Age. By TREVOR H. HOWELL, M.R.C.P. (EDIN.). (Pp. 108. Illustrated. Price 10s. 6d.) London : H. K. Lewis & Co., Ltd.

This book is a useful readable introduction to the study of old age. Emphasis is laid upon the creation of an optimistic atmosphere and the need to maintain activity and interest. Owing to the ever increasing number of old people in Britain more prominence should be given to geriatrics. This book, based upon the author's experience at the Royal Hospital, Chelsea, and St. John's Hospital, Battersea, is a useful guide to those concerned in the welfare of the aged.

Housing and Family Life. By J. M. MACKINTOSH, M.D., F.R.C.P., D.P.H. (Pp. 230. Illustrated. Price 16s. net.) London : Cassell & Co. 1952.

Anyone who reads many annual reports of medical officers of health will find housing and its effects on health and happiness the common theme of all, with particular reference to the current frustrations and shortages. Now that real progress has been made in replacing the losses of war and obsolescence and when slum clearance is again in prospect, this book by Prof. J. M. Mackintosh is extremely timely in its reminder of the basic factors in housing and their influence, good or bad, on the health and social welfare of the family unit.

The author's report on rural housing when he was County Medical Officer of Northamptonshire will be recalled as a model of its kind. He has retained throughout his career a particular interest in the philosophy and physiology of human habitations, as has been learned by his students at the London School and demonstrated by his contributions to official reports. In the present work he covers a far wider field than is usually associated with bricks and mortar, for instance, in his chapter on mental health. "Most of the literature," he writes, "dealing with the effects of bad housing on family life is a testimony of opinion rather than objective enquiry, and consideration is generally limited to physical health when any kind of controlled experiment is undertaken." He believes that a carefully selected series of investigations to show the relations between housing and health, efficiency and economy would be well worth while. In his experience, the mental effects of bad housing can be cured in 75% of families by removal from a slum environment ; "the families had been suffering from an illness, and when the right treatment was adopted they recovered. Occasionally there was a slight resultant disability which might have been cured by skilled attention from a housing manager."

In his chapter on "Accidents" Prof. Mackintosh states that with the co-operation of medical officers of health and health visitors a list of accidents in the home is being collected, from which lessons will be learned, one hopes, to prevent the repetition of as many as possible of these sad events, doubly sad because nearly all preventable.

Not the least valuable feature of this book is that it assembles and summarises the most significant reports, theories and findings of individuals and committees which have studied all the problems and factors in housing policy. But the book throughout is permeated with Prof. Mackintosh's penetrating and humane spirit of enquiry. The illustrations are very well selected and add to the argument.

THE SOCIETY OF MEDICAL OFFICERS OF HEALTH

Notice of Annual General Meeting and Annual Reports of the Council, the Honorary Treasurer and the Editor of "Public Health," together with the Balance Sheet and Income and Expenditure Account, for presentation to the Annual General Meeting, December 11th, 1952, at 5.30 p.m.

ANNUAL GENERAL MEETING

Notice is hereby given that the Annual General Meeting of the Society will be held at Tavistock House, Tavistock Square, London, W.C.1, on Thursday, December 11th, 1952, at 5.30 p.m.

AGENDA

1. Minutes.
2. Correspondence.
3. To receive the Annual Reports of the Council, the Honorary Treasurer and the Editor of PUBLIC HEALTH for the session 1951-52; and to adopt the Balance Sheet and Income and Expenditure Accounts for the year ended September 30th, 1952.
4. To authorise the Council to appoint the Auditors for the session 1952-53.
5. Election of Fellows (list of candidates enclosed with this issue of PUBLIC HEALTH).
6. Nominations for the next election.

By Order,
G. L. C. ELLISTON,
Executive Secretary.

November 1st, 1952.

ANNUAL REPORT OF THE COUNCIL 1951-52

New Members

During the past session four Honorary Fellows, 148 Fellows and eight Associates have been elected to membership. Four members received their membership without formal election, a very satisfactory addition of strength, thanks to the efforts of Branch and Group Officers and of the central office.

Seventy-nine resignations were accepted during the session, but it was possible to retain the names on the register of 19 members who have retired from active practice and who have subscribed to the Society for 30 years or more by their election to fully-paid Life Membership under Article 12.

Deaths

The Society mourns the deaths during the session of the following 23 members:—

Dr. James R. Adam (formerly C.M.O.H. Roxburghshire).
Maj.-Gen. Sir Ralph B. Ainsworth, D.S.O. (formerly Commandant, R.A.M. College, Hon. Phys. to H.M. the King).
Dr. Alexander Anderson (formerly M.O.H. Wortley R.D.).
Dr. W. T. Donovan (M.O.H. Poplar and Bethnal Green).
Dr. Alexander Fraser (C.M.O.H. and S.M.O. Kirkcudbrightshire).
Dr. H. G. M. Henry (formerly Bacteriologist, Birmingham C.B.).
Dr. J. Howard-Jones (formerly M.O.H. Newport C.B. and Port), President of the Society 1928-29.
Dr. Henry D. Kelf (formerly M.O.H. Basingstoke M.B., Kingsclere and Whitchurch R.D., A.C.M.O. Hants.).
Dr. Nichol C. MacLeod (M.O.H. Meriden & Tamworth R.D.Cs., Area M.O. Warwickshire).
Dr. Andrew A. McWhan (formerly C.M.O.H. Berwickshire).
Dr. Francis Mautner (A.S.M.O. Halifax C.B.).
Dr. T. U. Mercer (formerly M.O.H. Whiston R.D.).
Dr. Killick Millard (formerly M.O.H. Leicester C.B.), President of the Society 1931-32.
Mr. R. T. Mosbery, L.D.S. (D.O. West Riding C.C.).
Dr. Nestor J. S. Nathan (M.O.H. Kidsgrove U.D., Area M.O. Newcastle-under Lyme, Area Staffs C.C.).
Dr. F. F. Russell (formerly Med. Director, Rockefeller Foundation, New York), Honorary Fellow.
Mr. John W. Shaw, L.D.S. (Sen. School Dental Surgeon Sheffield C.B., Clinical Tutor, Dental Dept. Sheffield United Hospital).
Dr. William Sisam (formerly M.O.H., West Berks C.D.).
Dr. P. H. Stirk (formerly M.O.H., Exeter C.B.).
Dr. T. Lauder Thomson (formerly C.M.O.H., Dunbartonshire).
Dr. A. H. Towers (formerly Asst. M.O.H. Cumberland and M.O.H Brampton R.D.).
Dr. D. I. Walker (M.O.H., Banff County and Burghs therein).
Dr. Alexander Whyte (Phys. and Deputy Phys. Supt. Leicester Isolation Hospital and Chest Unit).

Present Strength and Recruitment

Allowing for the above-mentioned gains and losses during the year, the strength of the Society at September 30th, 1952, was made up as follows:—

Honorary Fellows	17
Subscribing Fellows	1,830
,, Associates ...	112
Fully-paid Life Members ...	171
	2,130

The total at September 30th, 1950, was 2,070 so that there has been a net increase of 60 members during the session under review. This result following immediately on a year of exceptional recruitment is again a tribute to the efforts of the central office and of the Branches and Groups in gaining new members, at a time when there is little if any expansion in the personnel of the Public Health Service.

Meetings Held During the Session

The Council met on four occasions, in London on November 23rd, 1951, and on February 11st and May 2nd, 1952, and in Edinburgh on July 18th, 1952. The General Purposes Committee met in London on October 19th and December 21st, 1951, and on March 7th and September 19th, 1952. Dr. W. G. Clark was installed as President of the Society by his predecessor (Dr. J. M. Gibson) at the Ordinary Meeting held in London on October 18th, 1951, when he delivered his Presidential Address entitled "Our Affinity" (printed in *Public Health*, November, 1951, p. 231). The Annual General Meeting was held in London on December 21st, 1951. Other Ordinary Meetings were held on May 1st and September 18th, 1952, in London, and on July 19th in Edinburgh. By special arrangement the September meeting in London was also the occasion of the installation of Dr. Andrew Topping as President for 1952-53.

The work of other special committees is referred to below.

Important Matters arising during the Session.—The Society was invited to give evidence to the Central Health Services Council's special Committee on General Practice, with particular reference to the relations between the public health departments and G.P.s. The Society's memorandum was discussed with representatives of the B.M.A. in accordance with the agreement between the two bodies and was printed in the form submitted to the C.H.S.C. in *Public Health* (March, 1952) pp. 101-3. Oral evidence was given to this committee later in the session and great interest was shown in the question of co-operation between health visitors and general practitioners. Further evidence on this subject and on the working of schemes such as those at Cardiff and Newcastle-on-Tyne was requested.

Another important memorandum of evidence was that for the Working Party on the recruitment qualifications and training of Sanitary Inspectors (printed in *Public Health*, June 1952, pp. 157-161). This was also followed up by oral evidence.

The discussions on decentralisation of N.H.S.A., Part III, functions between the County M.O.H. and County District M.O.H. Groups, which had proceeded without reaching any definite agreed statement for nearly two years, were brought to a conclusion by a special meeting at which the President, Chairman of Council and Dr. Maurice Williams acted as tribunal, held during the P.S.I. Congress at Margate. The resulting short statement was adopted by the Council and sent to the Associations of Local Authorities (printed in *Public Health*, June, 1952, p. 161).

A conference was held with representatives of the B.M.A. to discuss the first year's working of the agreement as to procedure for school medical officers referring children for specialist examination or for treatment in hospital. This conference was reported in PUBLIC HEALTH, June, 1952, p. 150. It also covered the question of transmission of information from hospitals to health departments on the lines suggested by Ministry of Health Circular R.H.B. (50) 22.

Later in the session useful discussions were held with the B.M.A.'s Occupational Health Committee which have led to the institution of pilot surveys in selected areas by M.O.H.s in order to ascertain the extent of the needs for a comprehensive service in given types of area and industry.

A meeting was held with representatives of the Public Health Section, Royal College of Nursing (see PUBLIC HEALTH, March, 1952, p. 105), at which several important matters of concern to the position of health visitors were discussed. Later, at the initiative of the County Borough Group, we appointed a special sub-committee to prepare draft evidence for the expected Working Party on the recruitment, training and qualifications of health visitors. This committee has already met twice and is now awaiting the issue of the Nuffield Inquiry into public health nursing which should be of great value in formulating policy.

The Advisory Committee on Research met on two occasions during the session. It has informed a large number of outside bodies of its existence and purpose and has served a useful purpose as a clearing-house in this field.

The reports of the Council and General Purposes Committee, published from time to time in PUBLIC HEALTH, will indicate the large number of other matters which the Society has considered or where it has been in contact with other bodies.

Refresher Courses and Clinical Meetings

The Maternity and Child Welfare Group held clinical week-ends at Oxford, in co-operation with the Institute of Social Medicine and the Slade Hospital, on May 10th and 11th, 1952, and in London following the National Conference on Maternity and Child Welfare, on June 28th and 29th, 1952. Both these occasions were very well supported. The School Health Service Group organised a week-end in co-operation with the Department of Education of the Deaf, University of Manchester, held in that city on March 29th, and 30th, 1952, and a five-day refresher course at the London School of Hygiene and Tropical Medicine from September 15th to 19th, 1952. Here again the available places were over-subscribed.

We consider that the provision of post-graduate education is one of the most valuable functions of the Society and hope to foster wider developments in this field.

The Retiring President

The Society had reason to congratulate itself on its choice of a Scottish President from Scotland. Dr. W. G. Clark brought his incisive mind to bear on the current problems of the Public Health Service, and in both his Presidential Address to the Society and to the Conference of Medical Officers of Health during the Royal Sanitary Institute's Congress at Margate in April, 1952, he gave us much food for thought. His speech at the Annual Dinner, when he replied to the toast of the Society by Miss Pat Hornsby-Smith, M.P., Parliamentary Secretary to the Ministry of Health, was also a most happy one. But the culmination of his year of office was undoubtedly the meeting of the Council and the combined meeting with the Scottish Branch in Edinburgh on July 18th and 19th, interspersed with traditional hospitality from the Lord Provost, the Chairmen of the Scottish Hospital Boards and the Scottish Branch. Those two days will long be remembered.

Sir Allen Daley

Sir Allen retired in mid-February, 1952, from his post as County Medical Officer of Health for London, and sailed soon after to take up his temporary appointment as Associate Health Officer, City of Baltimore, U.S.A. At the meeting of Council of February 1st, he took the chair for the last time and, at the conclusion of business, was entertained to a farewell sherry party and buffet luncheon. He has been Chairman of Council since 1948 and in that capacity served also on the Central Health Services Council. His wise chairmanship and vast knowledge of public health matters have been invaluable both inside and outside the Society, and the Honorary Fellowship to which he was elected on retirement is but a token return of our gratitude.

Other Changes

Dr. J. M. Gibson was unaninously elected to the chairmanship of the Council in place of Sir Allen, and is thus continuing his active leadership in the Society's affairs. Amongst those who have left the Council at the annual interchange of representation is another elder statesman, Dr. R. H. H. Joly(President, 1943-44), with a record of 30 years' continuous membership of the Council. To him and other retiring members we give sincere thanks.

Honours

Drs. J. M. Gibson and A. A. E. Newth received the O.B.E. in the last New Year Honours bestowed by His late Majesty King George VI, and Dr. George Chesney received the O.B.E. in the Queen's first Birthday Honours List.

REPORT OF THE HONORARY TREASURER

I beg to submit the audited accounts of the Society for the year ended September 30th, 1952.

It will be seen that the opinion expressed in my last Annual Report that the full effects of rising costs had yet to be experienced has proved to be true and that there is an adverse balance of £720 in the Income and Expenditure Account. It is clear that the Council of the Society will have to consider ways and means of securing that expenditure and income are evenly balanced.

An analysis of the figures shows that the present position is due to matters entirely beyond the control of the Society. Under the general administrative headings of expenditure there has been a considerable all-round improvement but the cost of the production of *Public Health* has increased to such an extent that this improvement has been almost cancelled out.

Looking firstly at the income for the year, particular attention is drawn to the great increase in subscription income due to the larger membership referred to in the Annual Report of Council and to constant efforts of the staff at the central office in collecting overdue subscriptions. The increase in subscription income shown in the accounts for this session is £340. Last year, however, there was an amount of £222 brought into the accounts from the previous year in respect of subscriptions paid in advance and there is, therefore, an increase of £562 in the amount actually collected during the year. A week before the end of the session there were only 22 members in arrear; and at the time of writing this Report there is not a single member whose subscription for the year under review remains unpaid. It is, however, my opinion that too much time and money is spent in the collection of subscriptions and I earnestly hope that members will complete Bankers' Order Forms or take other steps themselves to see that subscriptions are paid without the prompting of reminder notices. If those who have not already done so would make this simple contribution to our efforts we should save between £60 and £70 per annum on printing and postage.

Income from investments is down by £24 due to the reduction of capital following the sale of investments to meet increased expenses and the lump sum payment to Miss Scotchford on her retirement.

Income on Journal account has increased by £132.

The total income from all sources was £7,490, an increase of £448.

On the expenditure side of the accounts, rent and rates show an increase of £87 16s. 10d. resulting from a half-year's payment of rates due to the local authority for the period before the Society's successful appeal against the assessment for rating purposes by the Valuation Officer. This increase, however, is covered to some extent by reductions in other directions and the net increase in expenditure on premises is only £6.

There have been normal progressions under the agreed staff salary scales and the first full year of pension payments to Miss Scotchford also provision has been made for pension contributions for Mr. Crapp and Miss Paton. But economies have been made by alterations in the establishment and the net increase in cost under the heading of Staff is £57.

General expenses are slightly larger this year, there being a net increase of £40. The increases were: Roll of Members printing £100 (the cost of the past publication is being spread over three years), postage and telephone £14, and library £6. Against these increases there was a saving of expenditure as follows: general printing and stationery £17, miscellaneous expenses £7, auditors' fee £6, travelling expenses £34, and Annual Dinner £18.

The cost of the production of the Journal has increased by £243 due to the very high cost of paper and labour and also to increased postage rates.

(*Continued on p.* 44)

The Society of Medical Officers of Health

(COMPANY LIMITED BY GUARANTEE)

BALANCE SHEET

At 30th September, 1952

1951				1952				1951				1952			
£	s.	d.		£	s.	d.	£ s. d.	£	s.	d.		£	s.	d.	£ s. d.
			SPECIAL FUNDS—								INVESTMENTS AT COST—				
4,000	0	0	Mr. Berridge's Bequest ...	4,000	0	0		659	9	6	£650 3½% War Loan ...	659	9	6	
150	0	0	Dr. Neech's Gift	150	0	0					£320 16s. 7d. 2½% Con-				
4,150	0	0					4,150 0 0	250	0	0	solidated Stock... ...	250	0	0	
								511	13	3	£500 3½% Conversion Stock	511	13	3	
			ACCUMULATED INCOME—								£500 Birmingham 3% Stock				
7,252	15	1	Balance, 30th September,					509	9	6	1956–58...	509	9	6	
			1951	6,414	9	9					£4,744 17s. 0d. 3% Savings				
			Less Excess of Expendi-					5,344	17	0	Bonds 1960–70... ...	4,744	17	0	
			ture over Income for								£1,500 3% Savings Bonds				
			the year ended 30th					1,500	0	0	1965–75...	1,500	0	0	
803	11	0	September, 1952 ...	719	6	6		2,000	0	0	£2,000 2½% Defence Bonds	2,000	0	0	
											£524 2s. 10d. Brit. Elect.				
6,449	4	1		5,695	3	3		500	0	0	3% Stock 1968–73 ...	500	0	0	
				£	s.	d.									
			Less Loss on					11,275	9	3					10,675 9 3
			sale of In-												
34	14	4	vestments	95	16	6					Market Value—				
			Gift to Miss								30th Sept., 1951, £10,439.				
			Scotchford								30th Sept., 1952, £9,272.				
			(on account)	400	0	0					FURNITURE AND OFFICE				
											EQUIPMENT—				
				495	16	6					Valuation 30th June, 1948,				
6,414	9	9					5,199 6 9	1,240	2	7	plus additions at cost ...	1,364	3	1	
											Less Depreciation and				
			NEECH PRIZE—					974	16	3	amounts written off...	1,016	17	0	
			Accumulated Income:												
			Balance 30th September,					265	6	4					347 6 1
58	5	0	1951	63	10	0									
5	5	0	*Add* Income for year ...	5	5	0		65	0	0	STATIONERY STOCK AT COST				30 0 0
							68 15 0				SUNDRY DEBTORS AND PAY-				
63	10	0						411	6	1	MENTS IN ADVANCE ...				720 12 8
											CASH BALANCES—				
			CURRENT LIABILITIES—					27	8	10	At Bank	12	12	2	
1,005	3	10	Bank Overdraft	1,646	19	4		6	12	1	Cash in hand	6	5	4	
330	8	6	Sundry Creditors... ...	652	4	5									18 17 6
			Journal Subscriptions un-					34	0	11					
87	10	6	expired	75	0	0									
1,423	2	10					2,374 3 9								

JAMES FENTON, *Hon. Treasurer.*

G. L. C. ELLISTON, *Executive Secretary.*

£12,051	2	7					£11,792 5 6	£12,051	2	7					£11,792 5 6

REPORT OF THE AUDITORS TO THE MEMBERS OF THE SOCIETY OF MEDICAL OFFICERS OF HEALTH

We have obtained all the information and explanations which, to the best of our knowledge and belief, were necessary for the purposes of our audit. In our opinion, proper books of account have been kept by the Society so far as appears from our examination of those books. We have examined the above Balance Sheet and annexed Income and Expenditure Account which are in agreement with the books of account. In our opinion, and to the best of our information and according to the explanations given to us, the said accounts give the information required by the Companies Act, 1948, in the manner so required, and the Balance Sheet gives a true and fair view of the state of the Society's affairs as at 30th September, 1952, and the Income and Expenditure Account gives a true and fair view of the deficiency for the year ended on that date.

GREENE, CLEMENTS & CO.,
Chartered Accountants.

20, Bloomsbury Square,
London, W.C.1.
31st October, 1952.

INCOME AND EXPENDITURE ACCOUNT

For the Year ended 30th September, 1952

EXPENDITURE

1951					1952					
£	s.	d.		£	s.	d.	£	s.	d.
			PREMISES—						
400	0	0	Rent and Rates	487	16	10			
5	18	3	Insurance	6	10	9			
7	4	1	Lighting and Heating ...	6	1	11			
75	11	6	Cleaning and Maintenance	52	0	0			
			Office Furniture and Equipment—						
63	17	5	Depreciation	42	0	9			
35	14	0	Removal Expenses, etc....		—				
							594	10	3
588	5	3							
			STAFF—						
			Executive Secretary (including Pension Contribution)	289	2	1			
293	16	5							
			Office Staff and National						
1,607	2	5	Insurance	1,647	1	10			
57	10	0	Pensions	79	10	0			
							2,015	13	11
1,958	8	10							
			GENERAL—						
*	—		Roll of Members Printing	100	0	0			
			General Printing and						
373	5	1	Stationery	356	2	0			
206	2	5	Postage and Telephone...	220	0	9			
155	15	6	Miscellaneous Expenses	149	16	0			
38	8	3	Library	44	11	10			
52	10	0	Auditors' Fee	47	5	0			
848	6	1	Travelling Expenses ...	814	3	7			
5	5	0	Neech Prize	5	5	0			
130	8	8	Dinner	112	17	11			
							1,850	2	1
1,810	1	0							
			PRODUCTION OF JOURNAL (for Receipts see contra)—						
1,496	6	3	Printing	1,738	2	0			
42	6	6	Reprints	37	11	9			
250	0	0	Editor	250	0	0			
39	18	3	Editorial Contributions	37	7	6			
176	0	0	Clerical Assistance ...	176	0	0			
12	5	10	Libel Insurance ...	12	5	9			
177	6	2	Postage	204	16	11			
							2,456	3	11
2,194	3	0							
			PROPORTION OF SUBSCRIPTIONS PAID TO—						
294	5	0	Branches	235	4	9			
281	15	0	Groups	338	13	9			
							573	18	6
576	0	0							
£7,126	18	1					£7,490	8	8

INCOME

1951					1952					
£	s.	d.		£	s.	d.	£	s.	d.
4,737	15	5	SUBSCRIPTIONS				5,078	3	4
190	0	6	INCOME RECEIVED FROM INVESTMENTS (*less* tax) ...				165	18	5
			JOURNAL ACCOUNT—						
303	17	3	Sales and Subscriptions	395	19	8			
44	2	9	Reprints	31	1	5			
1,047	11	2	Advertising (net) ...	1,099	19	4			
							1,527	0	5
1,395	11	2							
803	11	0	*Balance :* being excess of Expenditure over Income for the year				719	6	6
£7,126	18	1					£7,490	8	8

Under the heading of capitation allowance it should be noted that expenditure on Group grants has increased by £56, whereas that on Branch grants had decreased by approximately the same amount. This is due to the fact that it has hitherto been the custom to include the grant for the Dental Officers' Group under Branch grants. This year we have shown the costs correctly allocated.

The total expenditure has increased by £363.

The lump sum payment of £400 to Miss Scotchford is shown on the Balance Sheet as being taken from capital account.

I have made an estimate of the expenditure likely to be incurred during the current session and feel confident that there will be a satisfactory reduction. The payment of £87 16s. 10d. in Rates will not recur, and a further alteration in the staffing of the Central Office should reduce expenditure by £50, in spite of the recent increase in National Insurance contributions. Since it has already been decided to discontinue the publication of a Roll of Members, the amount of £100 under this heading will not appear after all the expenditure on the last issue has been written off. The price of paper is now 40 per cent. lower than at this time last year and there should, therefore, be a saving of approximately £60 in the cost of postage and special printing. The special recruiting drive is now completed and the cost of postage and special printing in this connection amounting to approximately £25 will be avoided. The reduction in the personnel of the General Purposes Committee and the fact that there will be one less meeting in 1952-53 should lead to reduction of travelling and subsistence expenses of members by £100. The recent Annual Dinner should cost the Society approximately £30 less than last year. Lastly, the use of a different paper and cover for *Public Health* and the general decrease in its price should save about £144. If these estimates prove correct there will be a total reduction in actual expenditure of £590.

So far as income is concerned I do not anticipate any further increase in subscription income at the present rates and do not feel that the time is opportune for increasing these rates. Income from investments will decrease further if, as seems likely, we have to sell securities to meet expenses. There remains only the income on Journal Account. We have recently raised the rates for advertisements, but new advertising is becoming increasingly difficult to obtain and I do not feel that we should anticipate a substantial increase in income under this heading.

It does appear that even with the above-mentioned saving of £590 we are still a long way from being able to meet expenditure from revenue and we must therefore seek an additional source of income. I intend, therefore, to recommend to Council that the Society revert to its former practice of running refresher courses with the help of the Groups with an appropriate division of any profits arising therefrom. I also feel that the size of the Council is too large for a Society of 2,200 members and a considerable saving could be made if there was an adjustment of the Branch and Group representation. If these two proposals are accepted, the Society would once more be placed on a sound financial basis.

The Society has been well served during the year under review by a loyal and hard-working staff, all of whom from Mr. Elliston downwards have devoted themselves wholeheartedly to securing a more satisfactory financial position; this has been very successful in regard to the special recruitment drive and in the collection of subscriptions. We owe them our gratitude.

November, 1952. JAMES FENTON

REPORT OF THE EDITOR OF "PUBLIC HEALTH"

Volume 65 of *Public Health*—the issues from October 1951 to September 1952 inclusive—has been produced in conditions which recalled war-time austerity. The "blitz" took the form this time of rising costs of production, largely due to a world shortage of the raw materials for paper. As the net cost of publishing our journal must be kept within limits, if it is not to take too large a share of the Society's subscription income, the only method was severely to limit the size of issues.

Vol. 65 therefore contained only 206 pages, an average of 17 pages per issue which has meant a continuous process of abridgment and compression, making your editor feel like a latter-day version of Milton's "blind fury with the abhorred shears." He hopes however that, by judicious selection, the contents of the journal from month to month have reflected the thoughts and activities of members of the Society.

The economic prospects for 1952-53 are somewhat more promising and it should be possible to bring the journal back towards its former dimensions.

G. L. C. ELLISTON

November, 1952

SOCIETY OF MEDICAL OFFICERS OF HEALTH

NOTICES

Maternity and Child Welfare Group

A general meeting of the Group will be held on Saturday, December 6th, 1952, at 2.15 p.m., in the Old Library, B.M.A. House, Tavistock Square, London, W.C.1. Dr. G. F. Newbold, Assistant M.O. West Ham C.B., will speak on "Hypnosis and Suggestion in Midwifery."

A general meeting of the Group will be held on Friday, January 9th, 1953, at 8 p.m., in the Old Library, B.M.A. House, Tavistock Square, London, W.C.1. Dr. J. D. Kershaw, M.O.H. Colchester M.B., will speak on "United Nations and the Welfare of the Handicapped." Members of the School Health Service Group are cordially invited to attend this meeting.

DR. DORIS A. CRAIGMILE,
Hon. Secretary
DR. MARY T. PATERSON,
Hon. Asst. Secretary

COUNCIL MEETING

The first meeting of the Council for the session 1952-53 was held in the Council Chamber of the B.M.A., Tavistock House, Tavistock Square, London, W.C.1, on Friday, October 24th, 1952, at 10 a.m.

Present.—The President (Dr. Andrew Topping), the Chairman of Council (Dr. J. M. Gibson), Drs. W. Alcock, F. A. Belam, R. T. Bevan, W. H. Bradley, J. S. G. Burnett, H. D. Chalke, H. M. Cohen, H. Kenneth Cowan, C. K. Cullen, F. M. Day, James Fenton, Miriam Florentin, F. Gray, Kathleen M. Hart, A. S. Hebblethwaite, C. E. Herington, J. H. Hudson, J. D. Kershaw, J. B. McKinney, J. Maddison, M. Mitman, A. A. E. Newth, Prof. R. H. Parry, Drs. G. H. Pringle, T. Ruddock-West, H. L. Settle, Mr. J. F. A. Smyth, L.D.S., Drs. J. A. Stirling, E. J. Gordon Wallace, W. S. Walton, Nora I. Wattie, H. C. Maurice Williams, and J. Yule. Dr. A. V. Kelynack, Assistant Secretary of the B.M.A., also attended.

Apologies for absence were received from: Drs. F. G. Brown, A. G. Reekie, W. Woolley and Maj.-Gen. T. Young.

1. **The Membership of Council for the Session 1952-53** (with the exception of those members to be co-opted under Articles 19 (*d*) and 19 (*f*)) was reported.

2. **Welcome to New Members.**—A hearty welcome was extended to new members of Council, namely: Drs. R. T. Bevan, H. L. Settle, J. H. Hudson and J. D. Kershaw.

3. **The Minutes of the Meeting of the Council held on Friday, September 19th, 1952.** (PUBLIC HEALTH, September, pages 202-204), were confirmed and signed by the Chairman.

4. **Medical Man-power in Wartime** (*Min. 178*).—The Executive Secretary reported that arrangements were being made for a meeting, with representatives of the Local Authority Associations, to be held shortly finally to determine the membership of the Area Recruitment Committees. It was hoped that the first meeting of the Committees would be held very shortly.

5. **B.M.A. Subscriptions** (*Min. 185*).—It was reported that the Council of the B.M.A. would consider recommendations at its next meeting for reduced rates of subscription for salaried officers.

6. **Health Control at Airports** (*Min. 199*).—It was reported that letters had been received from two members asking the Society to give further consideration to the regulations recently brought into force on the question of Health Control at Airports. The members drew attention to the disquiet that was felt by many members on the question of the tracing of contacts. It was agreed that the Society could do nothing in this matter as this position had been forced on to the Ministry as a result of international agreement. The Ministry were, however, watching the position very closely.

7. **Evacuation of Children** (*Min. 200*).—Dr. Newth gave a verbal report on the action being taken by the School Health Service Group on the suggested code to be used to convey

medical information in the event of large-scale evacuation of school children.

8. **Training of Health Visitors** (*Min. 211*).—Dr. Nora Wattie gave a verbal report on the deliberations of the Sub-Committee which had been set up to consider the Training of Health Visitors, and also presented a draft of a document setting out the functions at present carried out by Health Visitors, which it was proposed to forward to the General Practice Committee of the Central Health Services Council, following a request made by that Sub-Committee when it received the representatives of the Society appointed to give oral evidence. After careful consideration it was resolved that the document be referred back to the Sub-Committee for a more comprehensive report to be prepared for submission to the next meeting of Council through the General Purposes Committee.

9. **Membership of Council, 1952-53.**—It was reported that there were due for election at the meeting three Fellows of the Society and four eminent persons interested in the advancement of public health as members of the Council under Articles 19 (*d*) and 19 (*f*) respectively. It was reported further that Dr. R. H. H. Jolly, who had completed 30 years' membership of the Council, did not wish his name to go forward for re-election. It was resolved that a letter be addressed to Dr. Jolly congratulating him on his very long membership and thanking him for the work which he had done on behalf of the members of the Society over the past 30 years.

After nominations had been received, ballot papers distributed, and the votes counted, the following were duly declared members of the Council for the session 1952-53 :—

Article 19 (*d*).—Prof. C. Fraser Brockington, Dr. C. Metcalfe Brown, and Dr. Hugh Paul.

Article 19 (*f*).—Dr. George Buchan, Sir John Charles, Sir Allen Daley, and Prof. G. S. Wilson.

Following these elections, the complete constitution of the Council was reported as follows :—

Ex-officio Members :

President.—Dr. Andrew Topping.

Chairman of Council.—Dr. J. M. Gibson.

Vice-Presidents.—Prof. R. H. Parry.
Dr. H. C. Maurice Williams.
Dr. W. G. Clark.

Hon. Treasurer.—Dr. James Fenton.

Elected Members (new members' names in italic).

Metropolitan Branch.—Drs. W. H. Bradley, F. R. Waldron, and F. M. Day.

Scottish Branch.—Dr. A. G. Reekie.

Welsh Branch.—*Dr. R. T. Bevan.*

East Anglian Branch.—Dr. T. Ruddock-West.

Home Counties Branch.—Drs. J. Maddison, F. G. Brown, and C. E. Herington.

Midland Branch.—Drs. W. Alcock and T. M. Clayton.

East Midland Branch.—Dr. J. A. Stirling.

Northern Branch.—Dr. A. S. Hebblethwaite.

Northern Ireland Branch.—Dr. J. B. McKinney.

North-Western Branch.—Drs. J. Yule and J. S. G. Burnett.

Southern Branch.—Dr. E. J. Gordon Wallace.

West of England Branch.—Dr. R. H. G. H. Denham.

Yorkshire Branch.—*Dr. H. L. Settle.*

County Borough Group.—Dr. W. S. Walton.

County M.O.H. Group.—Dr. H. K. Cowan.

County District Group.—Drs. G. H. Pringle, *J. H. Hudson*, and *J. D. Kershaw.*

Tuberculosis Group.—Drs. C. K. Cullen and *R. M. Orpwood.*

School Health Service Group.—Drs. H. M. Cohen, J. B. S. Morgan, and A. A. E. Newth.

Maternity and Child Welfare Group.—Drs. Miriam Florentin, Ann Mower White, and Kathleen M. Hart.

Scottish Child Health Group.—Dr. Nora I. Wattie.

Fever Hospital Medical Group.—Dr. M. Mitman.

Dental Officers' Group.—Mr. J. F. A. Smyth, L.D.S.

Services Group. — Drs. H. D. Chalke, F. A. Belam, and *Maj.-Gen. T. Young.*

Elected under Article 19 (*d*).—Prof. C. Fraser Brockington, Drs. C. Metcalfe Brown and Hugh Paul.

Elected under Article 19 (*e*).—Drs. F. Gray and W. Woolley.

Elected under Article 19 (*f*).—Dr. George Buchan, Sir John Charles, Sir Allen Daley and Prof. G. S. Wilson.

10. **Retirement of Members.**—Subsequent upon the reconstitution of the Council, as before reported, it was resolved that letters be sent to the under-mentioned former members of Council who had not been re-elected, thanking them for their past services : Drs. J. Riddell, G. McKim Thomas, Catherine B. Crane, C. Leonard Williams, R. C. M. Pearson, Mr. A. Gordon Taylor, L.D.S., and Dr. J. A. Ireland.

11. **Election of Committees for the Session 1952-53.**—The following Committees and Sub-Committees, with the

membership stated, were duly appointed for the session 1952-53 :

(*a*) *General Purposes Committee.*—The President (Dr. Andrew Topping), the Chairman of Council (Dr. J. M. Gibson), the Honorary Treasurer (Dr. James Fenton), the Chairman of the B.M.A. Public Health Committee (Dr. H. Kenneth Cowan), one County M.O.H. (Dr. T. Ruddock-West), one County Borough M.O.H. (Dr. W. S. Walton), one County District M.O.H. (Dr. J. A. Stirling), one Fever Hospital Medical Service M.O.H. (Dr. M. Mitman), one Chest Physician (Dr. C. K. Cullen), one School Medical Service M.O. (Dr. A. A. E. Newth), one Maternity and Child Welfare M.O. (Dr. Miriam Florentins) one Dental Officer (Mr. J. F. A. Smyth, L.D.S.), one Service, Group member (Dr. H. D. Chalke), one Metropolitan Borough M.O.H. (Dr. F. M. Day), one representative of the Scottish Branch (Dr. W. G. Clark).

(*b*) *Standing Sub-Committee on Food Matters.*—Drs. F. A. Belam, F. M. Day, John Maddison, W. R. Martine, A. J. Shinnie, C. F. White, and Prof. G. S. Wilson.

(*c*) *Training of Health Visitors.*—Drs. Andrew Topping, J. M. Gibson, the Chairman of the General Purposes Committee (when elected), Prof. C. Fraser Brockington, Drs. J. S. G. Burnett, W. G. Clark, A. A. E. Newth, Miriam Florentin, J. A. Stirling, and Nora I. Wattie ; with power to co-opt.

(*d*) *Research Committee.*—Drs. Andrew Topping, J. M. Gibson, the Chairman of the General Purposes Committee (when elected), Drs. H. D. Chalke, and Miriam Florentin. Co-opted members : Dr. W. H. Bradley, Col. A. E. Campbell, Drs. Charles Cockburn, H. M. Cohen, H. Kenneth Cowan, Prof. Fred Grundy, Drs. M. Mitman and D. D. Reid (representing Prof. Bradford Hill).

(*e*) *D.P.H. Committee.*—Drs. Andrew Topping, J. M. Gibson, the Chairman of the General Purposes Committee (when elected), Prof. C. Fraser Brockington, Drs. C. W. Dixon, Miriam Florentin, Prof. R. H. Parry and Dr. Hugh Paul. Co-opted members : Profs. A. L. Banks, J. M. Mackintosh, Drs. W. G. Evans, H. M. Cohen, H. G. Maurice Williams and Dr. H. Kenneth Cowan.

Neech Prize Assessors.—Prof. R. H. Parry and Prof. C. Fraser Brockington.

12. **General Purposes Committee.**—The Minutes of the meeting of the G.P. Committee held on Friday, September 19th, 1952, were presented by Dr. J. M. Gibson.

Min. 214. Whitley Medical Functional Council.—It was reported that it had been decided by the Staff Side of Committee C to reopen the claim for improved salary scales for Departmental M.O.s.

Min. 215. Dual Appointments.—Dr. A. V. Kelynack (Assistant Secretary of the B.M.A.) submitted a further report on the question of salaries and conditions of service of dual appointments.

Min. 216. Joint Emergency Committee of the Professions.—Dr. H. Kenneth Cowan submitted a verbal report on a further meeting of the Joint Emergency Committee of the Professions.

Min. 222. Decentralisation.—The C.C.A. and A.M.C. had considered the Society's document on decentralisation and the replies forwarded to the Executive Secretary were received. It was resolved that this matter be left in the hands of the Groups concerned and that a report on the consideration which had been given by the Society to this matter leading up to the presentation of the document be forwarded to the B.M.A.

Min. 223. Local Government Act, 1933.—The recommendations of the General Purposes Committee were carefully considered but it was felt that, because of the widely differing views of members of the Society and because of the greatly differing conditions, both geographical and administrative, in the various counties in England and Wales, the preparation of a further report would be impracticable. It was resolved that no further action be taken.

Min. 228. Tuberculosis Regulations.—It was resolved that a paragraph be published in PUBLIC HEALTH on the question of notification of tuberculosis in which M.O.H.s throughout the country would be asked voluntarily to continue to inform their medical colleagues of transfers of cases of tuberculosis.

Min. 230. General Practice under the N.H.S.—See Minute 8 above.

Min. 231. Maternity and Child Welfare Group. — The recommendation of the General Purposes Committee that the title of the M. & C.W. Group be changed to that of the " Maternal and Child Health Group " was put to the vote after considerable discussion. The voting for and against the recommendation was even and the Chairman stated that he was not prepared to give a casting vote on a domestic matter of this nature and at his request the representatives of the M. & C.W. Group agreed to have the matter further considered by the Group and resubmitted in due course.

Min. 233. Programme of Meetings for the Session 1952-53.—The following programme of meetings for the session 1952-53 was agreed :—

Friday, October 24th, 10 a.m.	Council.
Thursday, December 11th, 5.30 p.m. ...	Annual General Meeting.
Friday, December 12th, 10 a.m. ...	General Purposes Committee.
Friday, February 20th, 10 a.m.	Council.
Friday, April 17th, 10 a.m.	General Purposes Committee.
Friday, May 22nd, 10 a.m.	Council.
Friday, July 10th, at Cardiff (evening meeting)	General Purposes Committee.
Friday, September 18th, 10 a.m. ...	Council.

Min. 234. General Medical Services Committee, B.M.A.—It was resolved that Dr. H. D. Chalke be appointed the Society's representative on the General Medical Services Committee of the B.M.A., pending its reconstitution.

Min. 238. Annual Reports of M.O.H.s.—The following resolution of the County District Group was received :—

> " That this Group is of the opinion that to put the onus of making these reports on the County Medical Officer of Health—the exclusion of the District M.O.H. —is invidious, and that it would be in the best interests of the service if District Medical Officers of Health were required similarly to report."

After careful consideration had been given to this recommendation, it was agreed that it could not be supported but that the Group be informed that as M.O.H.s had the opportunity of commenting in their Annual Reports on any aspect of public health which they considered necessary, there was nothing to stop them, including a section which would comment on the general operation of the National Health Service Act.

Subject to the above amendments, the minutes of the meeting of the General Purposes Committee were received and the recommendations contained therein adopted.

13. **Change of Name of the Society.**—It was reported that the question of the suggested change of name of the Society had been referred to the Insurance and Companies Division of the Board of Trade for informal approval of the suggested new title. In the meantime, some objections had been received from members, but it was resolved that no further action be taken pending the receipt of a reply from the Board of Trade. It was reported further that an analysis of the present membership of the Society, in support of the statement that the present title no longer described accurately its membership, had been made with the following result :—

Appointments	*Numbers*
M.O.H.s	529
Departmental M.O.s (including Deputies, Senior M.O.s, etc.)	849
Civil Service M.O.s (including P.H.L.S.) ...	52
Hospital Service (including Chest Physicians) ...	132
Services	53
Academic	44
Overseas	63
Dentists and other professional men	126
Retired	230
Others	47

14. **Milk (Special Designations) (Raw Milk) Regulations.**—It was reported that a letter dated September 15th from the Ministry of Food had requested the Society's comments on proposed regulations which would introduce a new category of herd to be known as " Controlled Herd." The regulations would permit a dairy farmer to obtain a tuberculin tested licence after his buildings and methods of production had been improved to comply with the standards required under the 1949 and 1950 regulations, in spite of the fact that under those regulations admission to the attested herd scheme would not be possible. The Standing Sub-Committee on Food Matters had considered the matter and on their advice the Ministry had been informed that the Society had no comments to make. This action was confirmed.

15. **Building By-laws—Height of Rooms.**—A letter from Dr. C. G. K. Thompson (Wakefield) drew the attention of the Council to the intention of the Ministry of Housing and Local Government shortly to introduce new model by-laws which would reduce the minimum requirements for the height of habitable rooms from 8 feet to 7 feet 6 inches. It was resolved

that a letter be addressed to the Ministry expressing the hope that the Society would be consulted on this matter before the new Model By-laws are issued.

16. **Centenary of the Society.**—It was reported that Dr. W. S. Parker (Brighton C.B.) had stated that the Society should endeavour to secure that the programme of meetings at the A.R.M. of the B.M.A. in 1956, the centenary year of the Society, should emphasise the value of preventive medicine. It was agreed to follow up Dr. Parker's suggestion and that he be thanked for his offer to assist as far as he could in this matter when arrangements were being made for the meetings to be held at Brighton.

17. **Health, Welfare and Safety in Non-Industrial Employment.**—A letter dated October 11th, from the Home Office, enclosed details of proposals for legislation with respect to those places of employment considered by the Gowers Committee. It was the intention to consider written evidence and to arrange for oral discussions on these proposals with interested bodies. It was resolved that the following be appointed a Sub-Committee to prepare a report for submission to the General Purposes Committee at its meeting in December: Prof. C. Fraser Brockington, Drs. J. S. G. Burnett, Stuart Laidlaw, A. J. Shinnie and C. F. White.

18. **B.D.A. Proposal on the Priority Dental Services.**—The Council received the observations of the School Health Service and Dental Officers' Group on the recent memorandum entitled "Dental Treatment of Children," submitted by the British Dental Association to the Ministers of Health and Education. The Council agreed with the doubts expressed by the Groups as to the scheme proposed by the B.D.A. for reference of priority class patients for treatment by general dental practitioners in their own surgeries under N.H.S. form E.C.17, on the grounds that this scheme was highly expensive, administratively impracticable and contrary to the unified control of a preventive service. The Executive Secretary was instructed to write to the Secretaries of the Ministries of Health and Education expressing the Society's preference for the methods suggested in the recent joint circular (M. of H. 22/52, M. of Ed. 254).

19. **Common Seal.**—It was resolved that the common seal be offered to the lease with the British Medical Association of the premises occupied by the Society for its central offices.

20. **Life Membership.**—The following recommendations for Life Membership from the various Branches were confirmed for election at the next Ordinary Meeting of the Society:—

Metropolitan Branch.

Dr. George Macdonald, formerly M.O.H., Battersea Met. B., joined the Society 1920.

Home Counties Branch.

Dr. Malcolm Manson, formerly M.O.H., Wood Green M.B., joined the Society 1920.

Welsh Branch

Dr. R. J. S. Verity, formerly M.O.H., Abersychan U.D., joined the Society 1919.

Midland Branch.

Dr. J. McGarrity, formerly Medical Superintendent, City Hospital, Birmingham; joined the Society 1924. (Has paid 30 annual subscriptions.)

North-Western Branch.

Dr. C. Barker Charnock, formerly Consultant Chest Physician, Blackburn and Burnley H.M.C. Groups, Manchester R.H.B., joined the Society 1917.

Dr. T. P. Edwards, formerly M.O.H., Wrexham M.B. and R.D., joined the Society 1922.

Dr. J. D. Ingram, formerly M.O.H., Crewe M.B., joined the Society 1920.

Dr. J. A. Tomb, formerly M.O.H., Lancaster M.B., etc.; joined the Society 1920.

There being no other business, the meeting was declared closed at 1.5 p.m.

The report of the General Purposes Committee has been unavoidably held over to the January issue of *Public Health*.

COUNTY M.O.H. AND COUNTY BOROUGH M.O.H. GROUPS

A joint meeting convened by the two Honorary Secretaries of both Groups was held at the Town Hall, Margate, on Wednesday, April 23rd, 1952, at 8 p.m.

Dr. J. M. Gibson was elected to the chair. The Chairman referred to the great loss which the joint meeting had sustained in the retirement of Sir Allen Daley who had conducted the affairs of the joint group meetings in a most emcient and helpful manner throughout. His knowledge of detail as well as of principle had amazed many of the members from time to time and his genial chairmanship would be very badly missed. It was resolved that a letter of thanks should be sent to Sir Allen and coupled with that should be sent the good wishes of the Medical Officers of Health of the County and County Borough Groups.

The attendance numbered 69 members of both Groups.

The minutes of the joint meeting held at the London School of Hygiene and Tropical Medicine on November 22nd, 1951, previously circulated, were confirmed. The following matters were dealt with as arising from the Minutes:—

(a) *Local Liaison Committees.* It was reported that the Executive Secretary of the Society had arranged to pass on to Secretaries of Liaison Committees any special original items referred to him by any one Liaison Committee.

(b) *B.C.G. Vaccination.* Various interesting variations in practice were reported by members.

(c) *Closer Co-operation between Medical Officers of Health of Local Health Authorities.* After considerable discussion, it was agreed that previous arrangements for joint meetings should stand. There would be at least two meetings each year; one during the annual conference of the Royal Sanitary Institute and one to be held in London on the occasion of the annual dinner of the Society when many members would be in London. Matters of importance arising between the meetings would be referred to the standing joint committee of both Groups.

Reference was made to certain publications of the Scottish Board of Health and it was suggested that perhaps the Ministry of Health might from time to time issue similar publications. It was pointed out that the Ministry's *Monthly Bulletin* covered wide ground.

Ministry of Health Circular 11/52—Co-operation between hospital, local authority and general practitioner services. Recommendation for a further co-ordinating committee by the Central Health Services Council. Discussion ranged far and wide over this subject and opinions were expressed that the calling of the co-ordinating committee should not be in the hands of the Regional Hospital Boards because this might be regarded with suspicion as a forecast of further things to come under the jurisdiction of the Boards. Suggestions were made that the Ministry's own officers might have called such a meeting and thus enabled the Ministry to keep a balance between the three divisions of the present Health Services. On the other hand, opinions were expressed that the Local Health Authorities should give support and attend the first meetings, although the meetings would be endeavouring to cover very wide areas. Supporters of this opinion also felt that the Medical Officer of Health will be in a strong position at such a meeting because with a knowledge of all his local services, including hospital and Executive Council developments, he would be able to advise and help.

Name of the Society of Medical Officers of Health. It was recommended that the Council of the Society be approached with a view to changing the name of the Society to "The Society of Preventive Medicine."

HOME COUNTIES BRANCH

President: Dr. J. Maddison (M.O.H., Twickenham M.B. and Area M.O., Middlesex C.C.).

Hon. Secretary: Dr. F. G. Brown (M.O.H., Wanstead and Woodford M.B. and Area M.O., Essex C.C.).

A meeting of the Branch was held at 3 p.m. on Friday, October 10th, 1952, at the London School of Hygiene and Tropical Medicine, Keppel Street, W.C.1, which was attended by 25 members.

Dr. F. G. Brown, the retiring President, referred to the magnificent work that had been done by the President-elect —Dr. J. Maddison—as Honorary Secretary of the Branch since 1945, and proceeded to invest him with the badge of office. Dr. Brown then vacated the chair in favour of Dr. Maddison. The President thanked the members for the honour they had conferred upon him and said he would continue to do all he could to further the interests of the Branch during his year of office.

Dr. J. D. Kershaw, M.D., D.P.H.—Medical Officer of Health, Colchester M.B., Divisional School Medical Officer and Area Medical Officer, N.E. Essex—then gave an outstanding address entitled "A Year with United Nations," in which he told of his experiences in America and Europe in charge of the United Nations Rehabilitation Unit.

Dr. K. E. Tapper, the Honorary Treasurer submitted his balance sheet for the year ended September 30th, 1952, which was audited and approved.

The question of holding some meetings later in the afternoon was very fully discussed and it was decided to hold meetings at 5.30 p.m. during the months of February and March, 1953 in the present session.

Finally, Dr. C. Leonard Williams proposed a very cordial vote of thanks to the retiring President, Dr. F. G. Brown, for his admirable service during the year.

NEW SOUTH WALES

DEPARTMENT OF PUBLIC HEALTH, AUSTRALIA

Applications are invited for the post of Director, Division of Industrial Hygiene, New South Wales Department of Public Health, Australia. Salary £A2,012 annually. The duties of the position will entail the direction and supervision of the Division of Industrial Hygiene, which is responsible for the investigation of health conditions in industry, including the medical examination of persons engaged in various industries. Applicants should be qualified for registration as medical practitioners in New South Wales. Previous experience in the field of industrial hygiene is desirable. Applications (six copies), together with any supporting documents, should be lodged at the Office of the Agent General for New South Wales, 56, Strand, London, W.C.2, by January 12th, 1953. No special forms of application are available.

BRIGHTON EDUCATION COMMITTEE

Applications invited from registered dental practitioners for post of ASSISTANT DENTAL SURGEON. Salary £800, rising annually by £50 to £1,250. Application forms and details of conditions of service obtainable from Education Officer, 54 Old Steine, Brighton, to whom applications should be sent within three weeks of appearance of advertisement. J. G. Drew, Town Clerk.

Applications are invited for the post of DIRECTOR, DIVISION OF INDUSTRIAL HYGIENE, NEW SOUTH WALES DEPARTMENT OF PUBLIC HEALTH, AUSTRALIA. Salary £A2,012 annually. The duties of the position will entail the direction and supervision of the Division of Industrial Hygiene, which is responsible for the investigation of health conditions in industry, including the medical examination of persons engaged in various industries. Applicants should be qualified for registration as medical practitioners in New South Wales. Previous experience in the field of industrial hygiene is desirable. Applications (six copies), together with any supporting documents, should be lodged at the Office of the Agent General for New South Wales, 56 Strand, London, W.C.2, by the 12th January, 1953. No special forms of application are available.

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